# An Address
ON THE
# FUTURE OF OPERATIVE SURGERY FOR STONE IN THE BLADDER,

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[AFTER a few observations relative to the occasion of his visit and the selection of the subject, Sir Henry Thompson proceeded as follows:—]

The title I have chosen may probably, at first sight, suggest to you rather a speculative consideration of the subject than a practical one. On the contrary, I desire that it should be wholly practical, and I hope before the conclusion of my remarks to convince you that it is so. I admit it is not usual to commence the study of any surgical procedure by a forecast of what it may become in the future. You know that one generally first wades through some epitome of the ancient authors; and that most writers commence by observing that Galen and Hippocrates alluded to the subject, or, if they did not, by equally stating that fact; and so onwards through the learned Arabians, down to the renaissance for the experience of Ambrose Paré, Richard Wiseman, and the rest; and thus finally arriving by degrees at our own era. But this method, interesting and instructive as it is, is by no means what I intend to follow to-night. I propose distinctly a question relating to the future, and not all to the past. I do so because I think we have arrived at a point in the history of surgical operations for stone in the bladder at which we are entitled to do that. Forecast, or prophecy—which is perhaps a rather more formidable word than I like,—becomes always possible, to a greater or less extent, when we are well acquainted with the existing data belonging to, or constituting, the matter concerning which a prediction is to be made. Now I doubt if there is any surgical subject to which this axiom better applies than that which I have chosen for discussion.

I commence then, boldly, by saying that I have come to the conclusion that stone in the bladder, like many other maladies, is an exterminable one. I believe that this grave malady, which has tested surgical skill during two thousand years and produced a ponderous literature, which has been dreaded beyond all things by mankind, and has been the source of untold suffering to thousands in every age, is nevertheless a malady which may be exterminated; so far, that is, as it is a painful and dangerous one.

The greatest achievements of the healing art, throughout all time, are those which have been connected not merely with the cure but with the prevention or extermination of human maladies. You know that I can name diseases of the gravest kind which, thanks to scientific medicine, do not now exist. The plague, at all events with very slight exception, is in Europe a matter of history, and has been so for a long period. Small-pox is, at the present moment, simply an anachronism. It has no right or title to existence, and shows itself only because some people are foolish or ignorant. I will go further, and say that typhoid and other eruptive fevers are falling into the same category, and only await increased human intelligence and determination to become things of the past. And I feel sure you will agree with me that cholera must equally become subject to our control. Indeed, it is impossible that it can be otherwise. All these glorious conquests belong to "medical" work, conventionally so called; although I protest against this most unnatural divorce between two divisions of the healing art which never can be practised apart, as I shall have occasion incidentally to illustrate. Still, and just as naturally, "surgery," specially so regarded, has not found its function so much in the extermination of disease as in its cure and repair. But on this occasion I desire to claim especially for surgery, and as the result of purely surgical practice, the accomplishment of the great enterprise I venture to set before you.

Before, however, I enter upon that future which I have undertaken to discuss, it is necessary first to sketch briefly the state of surgical practice relative to stone in the bladder during the present century.

Let me say, in general terms, that fifty years ago any man with a stone in his bladder could have it removed only by the knife; an operation universally allowed to be a very serious one in middle age, and at advanced age to be attended with extreme risk. About this time—that is, in the year 1822—Civiale removed calculi from two patients, in the presence of the Academy of Paris, by a process of drilling and grinding them with instruments introduced through the urethra into the bladder. From that time to this, that process, generally termed lithotrity, has been developed into the now widely different and greatly improved operation which is adopted at the present time. During the first twenty years of its progress it was probably the cause of increased mortality among stone patients; the inevitable result of change from a system of operating elaborated by the hands of masters during many centuries, to one totally different and to which every man's hand was new. Still it lived on: men had faith in its future. Barbarous as the earlier instruments and the earlier practice might be regarded to-day—indeed it would be really barbarous to use those instruments now,—they served during a transitional period as materials to be improved by experience. And so by slow degrees the almost perfect mechanism of to-day—the light, I had almost said agile, yet powerful instrument of to-day—results, after an infinity of suggestions and many long years of trial, from the coarse, heavy, slow tools which were, partly by persuasion and much by force, introduced into the patient's bladder some years ago. And precisely, by equal steps, the demonstrable result by cure became better and better. Meantime those who could not perceive the value of the new method, as I quite readily conceive they might not, sought other modes of reaching the bladder by incision, which should be safe, or at any rate better adapted to the smaller stones with which lithotrity, at all events in prudent hands, alone proposed to deal. And so the bilateral, the ordinary median, or that refinement of it known as "pre-rectal," or some other inconsiderable deviation from the beaten track, was essayed for the purpose. Inasmuch, however, as anatomy remains the same, we can scarcely expect much improvement in the route by which the surgeon is to reach the bladder by the only two outlets at his service—either above or below the arch of the pubes. Who has not studied that great problem in silent thought at night, as well as in the dissecting-room by day? What a long line of devotees to our art have given their best energies to win, if ever so small, a tiny point of vantage ground in the perfecting of lithotomy; seeking how better to approach that canal, or avoid that vessel, or injure least that gland. And what is the verdict relative to that which is the chief among all the newer modes, as compared with the classical lateral operation? I can scarcely ask you to hear it better than from the lips of my friend, Mr. Cadge of Norwich, who, after a careful and extended analysis of the results at Norwich of the median operation, says: "My present experience teaches me that it is advantageous and suitable only for those patients in whom the stone is of small size. ..... Beyond this limit the path becomes thorny and dangerous," &c.* This expresses the same view I have held in my lectures respecting it, and I think is receiving the general assent of surgeons who are studying the subject by comparison, and among them I include some operators of experience abroad, with whom I have recently had the advantage of conferring on this matter.

I now come to what the lithotrity of to-day is capable of performing, and before doing so I must say a word about the numerical results of calculous cases, in relation to mortality. I find that there are still some persons who persist, in connexion with this subject, in presenting to public consideration numerical results in which the cases of children and of adults are indiscriminately mingled.

* Corrected from the short-hand notes of the reporter.

* Median Lithotomy: a paper read at the annual meeting of the British Medical Association, London, 1873.

Now this practice is eminently misleading; and if not due to utter thoughtlessness, there can be only two causes for the usage. It must be either from gross ignorance of the relative degrees of hazard attaching to the two sets of cases, or from an intent to mix as large a proportion as possible of children's cases with those of adults for the purpose of making a small mortality for the total. Now, in the interest of truth, or for any honest purpose whatever, it is essential to keep apart the cases of stone which occur before puberty from those which occur after that period.* Before puberty lithotomy is a notoriously safe operation, and at most not more than one death occurs in sixteen cases. Among adults the operation is always hazardous, so that the average results of the best lithotomists (*who treated all their cases by that method, and none by lithotrity*—a very important consideration) is about one death in every six cases from puberty to fifty-eight years;† and from that to eighty, about one in every three and a half cases.‡ The case of the adult furnishes a condition wholly different from the case of a boy, whose sexual organs are as yet undeveloped, and in whom none of those intricate and subtle sympathies exist between the constitution at large and the reproductive organs. It is these which, in the adult, exercise so great an influence, giving origin to the phenomena we term "urethral fever," sometimes grave, and which we rarely or never meet with among boys and females. Of these I say little or no more to-night. Reject then all figures in all tables in which these two classes are not clearly defined.

It is my business to-night to deal with stone in the adult—the largest and most important part of our subject; and in speaking of what lithotrity can do, although it is not absolutely powerless for children, being only useful for very small stones, I beg you to bear in mind it is solely a question now of stone in the adult, and that necessarily means stone in the adult of advanced age.

To pursue my subject. I place before you four trays from my cabinet, holding about two hundred calculi removed by lithotrity: the mean age of these two hundred cases is upwards of sixty years; there are very few below forty, many between seventy and eighty. To be exact, there is a tray of sixty-three rather small stones, two trays containing ninety-nine stones of middle size, and a fourth tray containing thirty-five stones of rather larger size; in all, one hundred and ninety-seven. I could have brought you many more, but these will suffice for my illustration, containing as they do several remarkable individual specimens.

Let me now consider the single question—What is the object we propose to attain in lithotrity? I answer, in brief, to reduce the stone to such small fragments that they may pass easily by the urethra, and to do this by exerting as little mechanical action as possible.

We are to aim at applying force to the stone in such a manner as not to injure the delicate canal which must be traversed, and the sensitive organ, the bladder, in which it lies. And the force should be so applied that the minimum of irritation should accrue from the fragments that are made. In fact, the sources of danger in lithotrity are but two in number: injury to the soft parts by the instruments employed; and injury to those same parts from the sharp edges and angular forms of the fragments which are produced by the process. When we have reduced the mechanical action to the minimum of capability to inflict mischief, and have learned to make fragments in such a manner that they shall produce the least amount of irritation, why then we shall have arrived at perfection in lithotrity. Hence it is that I have always endeavoured to work with the fewest and most simple instruments possible, and to reject preliminary injections always, and subsequent washings-out as far as possible.

How far have we solved the problem in question? I answer, perfectly, in relation to calculi of a certain size. With a calculus of certain weight and dimensions, whether of uric acid, phosphates, or oxalate of lime, say not exceeding the volume of an ordinary nut, a perfect result may be ensured. I call your attention to that tray containing sixty-three stones, and in which, let me remind you, the patients were of a mean age of over sixty years. There was not a single death among those cases. The size I name was not exceeded. And I assert that I have never yet had a death following the operation of lithotrity in which the stone was within the limits of that size. Nor have you any right to expect anything but success with such stones, requiring, say, two sittings, or perhaps three at the most, if you only take care to act with the utmost gentleness.

So far, then, is the problem solved, and triumphantly. But it is another thing when the stone much exceeds these dimensions, and where, not two, but five sittings are necessary for its removal; and, *a fortiori*, danger still increases when the requisite number of sittings rises to eight or ten.

In the next two trays are about a hundred stones of middle size. At this size, which is that, say, of an almond in its shell, the result is still most excellent, far superior to that of lithotomy, but not a sure success as before. Hence a certain small proportion of deaths was met with—about one in twelve or thirteen cases.

In the last tray of larger stones, the mortality was more considerable, perhaps one in eight or ten cases. With regard to some of the latter, it is quite possible that some of them would have been better cut. No man is always wise, and errors of judgment must be admitted; he is the best who makes the fewest, and marks well his errors, when they are made, for future guidance. After the event, also, with the fresh light of the past on the case, it is easier to know what should have been done. Then there must always be a number of cases in which the choice of operation hangs on the slightest circumstance. There is a wide border-ground, so to speak, which is common to both operations. No man, whatever be his experience, can lay down a hard and fast line, and say, "On this side lie the circumstances which determine lithotrity, and on the other side are the circumstances which make lithotomy imperative." The border-ground is much broader than I often like, and there are a good proportion of cases in which it is impossible to predict which operation of the two will be most successful: stones which are just large enough to be crushed, which are certainly not outside of the limits of size for lithotrity, and in patients of a certain class for whom a half-dozen sittings will not tell heavily. On the other hand, the crushing of the same stone in the sensitive patient with a worn-out nervous system may make too large a demand on his endurance. I do not *know* that. I only say it may; for, after all, the hale and hearty country squire, "who has never been in bed a day in his life," and who never ailed anything until he had a stone, often bears confinement and attacks of irritation less easily than any other patient whatever. Indeed, it is most difficult sometimes to decide; and sometimes the patient who is approached from sheer necessity, with fear and trembling for the consequences of interference, turns out the best of all, and astonishes you with his capacity for getting well. Thus you see the only certainty of attaining success lies in getting the stone to operate on when it is small. And success being absolute then, as I think I have been able to prove beyond all manner of doubt, it follows as a matter of necessity—

That the Diagnosis of the presence of stone in the bladder and of its size is a matter of the highest importance.

I affirm that it is not less important to be capable of finding a stone when small and determining its size, than it is to perform the operation properly afterwards. I might almost go further: I think I shall find you agreeing with me before I conclude, that the diagnosis I speak of is the more important matter of the two; and that I may venture to say that I would rather, for the sake of calculous patients at large, and for the future of lithotrity, have keen diagnosticians than expert handlers of the lithotrite, if I could not have both. Because, as we shall see, all progress depends on the *early* diagnosis; for when the stone is really small, no man worthy of the name of surgeon, and with a fair experience of instruments in the bladder, will fail to crush it safely. You see it is lithotrity that has brought this question of diagnosis home to us. When there was but one mode of removing the stone—when it was necessary to cut from the perineum to the bladder for every stone, no matter how small or how large, it mattered very little whether we made an exact estimate of its size, if we only were quite certain

* Cheselden speaks of the importance of always giving the age, and does so in each of the 213 cases he published. Of these, 167 were under twenty. He only cut 14 persons above fifty years of age, of whom 6 died. (Cheselden's Anatomy, 6th edit., pp. 322-3. 1740.) Martineau's well-known run of 84 cases, with two deaths, contained 34 cases under fourteen years of age, and 5 of females; only 11 were over sixty years.

† A series of 528 cases.

‡ A series of 271 cases. See author's "Lithotomy and Lithotrity," 2nd edit., p. 142.

a stone of some sort was there. What, again, did it signify whether it were mulberry, uric-acid, or phosphatic in its character? It was nothing to the lithotomist whether one would crush easily and the other with difficulty or not at all.

Nor is there any real difficulty about making the diagnosis on which I lay so much stress. Nothing is more easy, as I shall soon have to show, if only you follow the right method. Granting me this, and the unrivalled success of lithotrity for small stones, already proved, it logically follows—

That the operation of lithotomy must in future be rejected for all stones which are of moderate size.

Now this is a most important fact, and it is one, I believe, which has not yet received its full consideration from the profession. For it follows, further, that all those attempts which have been made during the last fifty years, and may still be making, to perfect lithotomy for small stones are useless and obsolete. We cannot require an operation by cutting for small stones. And I am quite safe in saying that the results of that tray, with sixty-three cases of elderly adults without a death, never have been, and cannot be, equalled by any cutting operation whatever.

But it may be said that there are still some exceptional cases of small stones to which lithotrity is not applicable; such, for example, as cases of narrow stricture, preventing the introduction of a lithotrite into the bladder. Perhaps there may be such, but I have not yet lived long enough to find one. During the last few years I have crushed several cases of small stones in presence of narrow stricture, and in this manner: nothing is easier than to dilate temporarily any stricture if you only permit a gum catheter to remain lying in the urethra a sufficient number of days, and this is what I have done in the wards of University College Hospital with the best result. I tie in a very small catheter, and having arrived, after a few days, say at about No. 9, the patient is submitted to chloroform, the instrument withdrawn, a small lithotrite introduced two or three times, the stone crushed, débris removed, and the catheter is replaced. In three days or so the process is repeated, and so on until all is finished. There is no difficulty in thus dealing with a small stone, however resilient be the stricture. Such cases, happily, are very rare, but when they do occur such an operation is usually preferable to lithotomy for, I repeat, a small stone.

Well, then, these matters being held as proven, lithotrity being answerable for the successful issue of all cases of stone of moderate size, it follows that there are two desiderata, and two only, to bring us to the perfect practical solution of the great question.

1. We want the best operation for the removal of large stones from the bladder.

2. We want the best method of discovering the existence of small stones in the bladder.

Now, the first I do not intend to discuss at length here; that would not be within our limits. I shall assume that for most cases the lateral operation is probably the best. It is no new question, and need not come up again here. But the second is, I declare, a new question. It may seem trite to say so, but practically, I repeat, it has engaged no one's attention at all adequately—that is, compared with its surpassing importance. I find people again and again with small stones in their bladders which have been overlooked. Not because anyone is to blame for not finding them; first, because the early signs of stone, the evidence of the presence of the small stone, have not been sufficiently considered and taught; and, secondly, because the paramount importance of the discovery did not exist until the power and value of lithotrity in these cases had been demonstrated. Why, I have myself witnessed the sounding of a patient, and heard the results stated in such terms as these:—"I am glad to tell you that you have nothing considerable in your bladder; there may be a small stone perhaps; just possibly, but you have nothing considerable there, so all is well." The patient is congratulated because he has not a stone as big as a hen's egg! But suppose there should be one the size of a bean? Why then the discovery of that stone would actually be a fact of greater importance to that man than the discovery of a big one; because, in the case of the large stone, there is but one thing that you can do, and the issue is doubtful; but find that man's stone when it is small, and you are *certain* to save him. This is a matter I cannot exaggerate the weight of. And it is by following the clue that this gives us, and no other, that we shall arrive, as we certainly shall some day, at the end I have in view—viz., the extermination of stone in the adult.

This brings us to the practical mode of looking for the stone early, and discovering its presence when small. How is this to be done?

First, respecting the mode of sounding. It is absolutely essential to employ a light sound, which can be easily turned in the bladder and urethra. Nothing but a quick and delicate movement will elicit an audible note, or produce a sense of contact, with so small a body as a pea lying in the interior of the bladder. Therefore it is better to have an instrument which will roll easily between the finger and thumb, and not require the wrist or the arm to create the movement. Hence the handle should be cylindrical, like the handle, but smaller, which I originally designed for my lithotrite, and which is now much used here, and is almost universally employed abroad. The beak should be very short, so as to be turned with the utmost facility. To find a small stone the bladder should be empty, or nearly so. I prefer a patient to make water a few minutes before sounding, and certainly never to be injected or prepared in any way, which only tends to defeat our object. Let him lie down, with his pelvis a little raised, and then let the instrument gently glide down the urethra; it is five to one, however small the stone may be, that it is just grazed as the beak passes through the neck of the cavity into the bladder. This is perceived easily if the sound is only guided lightly by the faintest touch of the finger and thumb. Held and guided by the wrist and arm so slight a graze may be unnoticed. If not felt, let the sound make two or three quick semi-rotations right and left; if still nothing found, depress the handle slightly to turn the beak below, close to the neck of the bladder, and make two or three similar movements there. That is where the stone will be found, if there is one, in the nearly empty bladder; and in the same manner a small fragment will be found at the close of a case.

Now look at the sounds which were formerly used—heavy, large, with considerably curved and long ends, like those of an ordinary catheter, or nearly so. No doubt you might find a large stone with such a tool, but a small one never, except by accident. I have repeatedly demonstrated, not only here, but in Paris, the presence of a small calculus, or fragment smaller than a pea, by producing an audible note from it by means of the small sound with cylindrical handle, passing a lithotrite to the spot immediately afterwards, and withdrawing the bit uncrushed as proof. Pray permit me to say that I don't adduce this as any instance of fancied dexterity on my part—far from it; for you see it would defeat my very purpose to do so: it is merely an illustration of what is possible equally for you as for me, if only you pursue the rational system of seeking the small stone with an appropriate instrument. If it be not so I will sit down and give up my case in favour of lithotrity, because it is altogether a worthless operation if it is not capable of removing the whole stone. If lithotrity means only crushing a stone to pieces, and does not mean also making sure to remove the last, then by all means let us do lithotomy, and nothing else but lithotomy. Lithotrity is quite equal to its object in nineteen cases out of twenty. I do not mean to say that a case will not now and then happen in which the last fragment will not yield to our search, and may give some trouble. In all operations, however perfect, some *contretemps* may present itself. But I contend that it is very rare to miss the last piece. Seek it in an empty bladder with such a lithotrite as this; no danger whatever to the bladder exists. It is useless to seek it in four or more ounces of water, which is simply "looking for a needle in a bottle of hay"; currents and counter-currents are produced in all that water by the opening of the blades and the action of the bladder, which keeps your little bit in a state of constant movement.

Secondly, the early signs and history of vesical calculus are to be carefully noted. This brings us to what appears to me a very striking and suggestive question,—How is it that the existence of a calculus in the bladder, a product almost always of slow growth, and giving abundant signs of its presence, can ever attain anything beyond a certain size without being discovered? That it does so is too true; but that it should ever grow to be of large size is to me

astonishing. I assert that more than half the stones I operate upon are found in cases in which no suspicion as to the real malady has arisen until the sound has been employed. Now, with the utmost deference to others, and only after the acquirement of a profound conviction on my part, I venture to say that it is my belief that the early signs of calculus are not generally sufficiently recognised. In the whole course of my experience I have not met with more than two or three cases in which the obvious early signs of calculus were absent. To me they appear quite unmistakable. They may be present, or nearly so, in cases in which no calculus exists; but when these signs are present, then always ought the sound to be used. So far have we been from recognising who are the real calculous patients that we find it stated in our classical works on the subject that stone is most prevalent in children. Not at all. Stone is uncommon in children compared with its frequency among elderly adults. I am quite aware that, in most large hospital records, half the entire number of cases are found below the age of puberty; and it is that which leads to such surprising statements about the small mortality of the lateral operation, as I have before alluded to. But then among the poor stone is comparatively frequent in children. Among the well-to-do it is very rare to find a juvenile case at all. The latter class, however, furnish it abundantly at the other end of life, and here it is that the bulk of stone cases is to be found.

And what is the ordinary or typical history of a stone case? I speak, as anyone, of course, may understand, of uric acid and oxalate of lime. The phosphates are mostly of local origin in a bladder incapable of emptying itself, and belong to another category. You will find a healthy-looking man with good family history as to longevity, but mostly tainted with gout, one or two cases of it existing, antecedent or collateral, or in its absence some record of gravel or stone in an ancestor. At middle life he finds uric acid in his urine, as a brickdust deposit, more or less persisting. Soon after, a small bit of gravel passes, with or without a marked attack of renal pain; if the latter, he is at the time much relieved by medicine; but often no special treatment or regimen is adopted at this critical point in his life to check the tendency now fully developed; so, after an interval, another and another pass, and then no more for a few months; and although some little suspicious symptoms appear, they are thought very lightly of, especially as he has not during the last nine or twelve months passed any gravel as he used to do. Whereupon he congratulates himself and is congratulated—not prudently; and the suspicious symptoms are credited so often "to that little weakness of the bladder which all people have as they get onwards in years." Delusive axiom! But what are these suspicious symptoms? Not very marked, but ample to render almost certain to the experienced observer that that interval of freedom from passing gravel only marks an advancing stage of the malady, and shows that the gravel is now too large to pass the urethra; that it is in the bladder and is growing by accretion, consuming surplus uric acid for that purpose day by day. For on inquiry you will find that the frequency of micturition is greater by day, during movement, than by night, during rest—condition altogether contrary to that "weakness of advanced years" (prostatic hypertrophy) when the frequency is almost always greater by night than by day. You will find a slight pain—a mere passing sting—is mostly present at the close of the act of micturition and in the end of the penis, while in the "weakness" the pain, if any, is from distended bladder, before micturition, and is relieved by the act. Next, it will probably be ascertained that some day lately, after an unusual walk, or it may be after an hour or two in the saddle, a little blood was observed in the next urine; soon forgotten, or, if named, was followed by the recommendation not to do it again, but which unhappily aroused no suspicion of the true cause; so, not being done again, the occurrence did not reappear, which again comforts everybody. Well, after listening to such a history, I am always morally certain that one or two small stones exist, and of course the sound is introduced at once, and almost invariably a small stone or more are discovered. No anxiety need arise, and the patient may now with reason be congratulated, since a small stone is certainly the safest solution of his symptoms; for, as I have already said, the malady for the most part occurs in people of otherwise good health and strong constitutions. I have no hesitation, then, in saying that from fifty-five to seventy-five years of age is the favourite term for calculous diseases, at all events in this country.

I cannot ignore the fact that there are a few persons who so dread the discovery of a stone that they will suffer almost anything before confessing their symptoms to their medical attendants. This fact is due to the popular dread of the operation as it used to be, and is a tradition of lithotomy, which increased knowledge of lithotrity and its special applicability to small stones will in time tend to dissipate. These are exceptional instances to the rule that stones may be always found when small.

I am now about to tread on delicate ground; and nothing but an absolute sense of duty drives me there. I may gravely offend some of those who hear me. I express my most sincere regret if I do so. But those who have deep convictions and are earnest in their work know full well that it is not the sole end of life to make themselves agreeable to all men. It is this importance of diagnosing the early symptoms of calculus which compels me to say that no man can properly treat diseases of the urinary organs who does not use the catheter and sound. Now, I know that it is not conventional with us at present that our brethren, the physicians, should do so. I do not say they should not. I speak of the use of these instruments for diagnostic, not for operating, purposes. The diagnosis of a urinary case very often depends on the employment of one of these two instruments, and cannot be made without it. At all events the power to use one well—that is, with gentleness and facility,—when necessary, is essential to the man who would arrive at a right understanding of these maladies; as essential as is a knowledge of the chemical qualities and microscopical phenomena belonging to the urine in health and disease, and without which, I take it, no modern surgeon would consider himself qualified to exercise his art. It may be said that, when the physician suspects stone in the bladder, he can always send his patient to the surgeon to be sounded. No doubt, provided only he sends him soon enough. But why this division of labour? Why does the physician use the stethoscope?—a mechanical contrivance to lengthen the ear, just as a sound is one to lengthen the finger. Who would dream of diagnosing chest disease now without that instrument?—and why should not physicians equally send their patients to surgeons to be stethoscoped, since it is a mechanical process, and act on the report they receive? Why should the physician consider the symptoms and objective signs of a patient with urinary disease, examine the external surface with care by inspection, palpation, and percussion, and forbear to add the one most essential exploration—that of the interior? What will our children think of us and of our common sense, learning that, in this nineteenth century, it took two separate men to diagnose a case of urinary disease: one for the outside of the body and the symptoms, and another for the inside! Of course it is needless to say that I am quite indifferent to which side, medical or surgical, these maladies are conventionally consigned; but, in the interest of progress, I am much concerned that they should go to one, and to that one which can and will make a thorough and complete examination of the entire case. Otherwise, as I am too well aware, the stone will not be always found small; between two stools, to use a homely proverb, the patient not seldom coming to the ground.

I now think I have fairly proved that the operation of crushing the stone is safe and successful for all small stones, and I think I have also proved, or have gone far to do so, that a stone may be always found when it is small. It follows then, if you admit these things, that lithotrity must be the future operation for calculus in the adult.

It is impossible also to overlook the increasing power which an enlarged acquaintance with dietetic and therapeutic agencies—a subject which time does not permit me to consider here,—and amongst these, by no means the least, the growth of abstemious habits, affords against the production of uric acid in its earlier stages; and I believe that much more than has hitherto been done may be accomplished in preventing the formation of calculi by appropriate treatment at this period.

Such, then, is the future which I confidently predict in regard of that dire malady which has been the cause of so much suffering to humanity, and which has perhaps more than any other exercised the skill and courage of a great

race—I had almost said a great hereditary priesthood—of surgeons from the earliest time to the present day. I know that its arrival is only a question of time and of human progress, and if we can together afford the smallest aid in hastening the era I speak of we shall have lived to some purpose. For my own part I envy no man, whatever his calling, a better or a nobler purpose for his life.

## ON CONTAGIOUS OPHTHALMIA,

### AS INFLUENCED BY THE ARRANGEMENTS OF WORKHOUSES AND PAUPER SCHOOLS.

*A Paper read at the Conference of Chairmen and Vice-Chairmen of Boards of Guardians, Dec. 16th, 1873.*

BY ROBERT BRUDENELL CARTER, F.R.C.S.,

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THE subject of contagious ophthalmia in public institutions is one that presents for consideration two chief aspects, the medical or surgical, and the administrative, which are, however, in many respects closely connected with each other. In a paper recently published in the sixth volume of the St. George's Hospital Reports, I have dealt chiefly with the former aspect; and on the present occasion I propose to confine myself chiefly to the latter. But before entering upon the questions it suggests, it seems expedient that certain medical or surgical propositions, which lie at the very basis of the matters with which we have to deal, should be stated in clear and unmistakable language.

The first of these, which may be expressed very briefly, is that the malady which we call contagious ophthalmia is very actively contagious indeed, and that it continues to be contagious for long periods of time. I shall have to show presently that its seeds seldom germinate unless they are received upon prepared soil; but, given this one condition, they germinate unfailingly, and they are formed and diffused abroad sometimes for many months continuously, and sometimes during several successive periods, separated by intervals of uncertain length. The contagious matter is the secretion of the membrane that lines the eyelids; and this secretion passes along the tear-passages into the nostrils, and is driven out with the expired air at every breath. Besides the chances of direct contact that must exist when a child with ophthalmia is in the same room, lavatory, or playground with others, the child with ophthalmia is perpetually sending into the atmosphere what I may describe as a spray of contagious particles. The period of contagiousness is often extremely protracted. Until the eyelids are quite well they remain in a state in which any chance irritation, the entrance of a particle of dust, or of an insect, or even some temporary disturbance of the health, may reproduce a secretion of the most active character. At the various hospitals we constantly see children who have had the disease, on and off, so to speak, for long periods, and who have been to a succession of public institutions, carrying infection with them. I have the particulars of the case of a mother, with an infant at the breast and three other children, who went into the old Lambeth Workhouse on the 7th of July in the present year. On the 9th of July the three elder children were sent to the Norwood School, where they all contracted ophthalmia, for the first time, within a fortnight of their arrival. On the 11th of September the mother visited them, and found that they had been in the infirmary with bad eyes ever since the latter part of July. She took them away with her, against the advice of the Norwood authorities, and took them back to Lambeth Workhouse, where they remained under medical treatment for their eyes until the 8th of this month. They were then to be passed on to St. Saviour's Workhouse; but the mother took her discharge, and the children have since been living in a sort of cellar with four other persons. On the 9th of this month one of them was brought to the South London Ophthalmic Hospital, its eyes still discharging slightly. A somewhat parallel case is that of a lad now between sixteen and seventeen years of age. He was healthy, and lived well, till he was nine years and a half old, when he lost his father, and went to the Forest Gate School. At this school he had to wash in a trough, in which two or three dozen boys all used the same water, and one fixed towel was provided for each trough. After being at the school a year he had sore eyes, and was sent to the infirmary, where he remained a fortnight. At the age of twelve he left Forest Gate School and went to St. Mary's Orphanage at Hounslow, where there were 500 boys. Here he was better fed than at the school, and each boy had a separate washing basin and towel. He had sore eyes two or three times while at the Orphanage, and other boys in his department had sore eyes also. They were all sent into the infirmary and doctored, and sore eyes never became general. In April, 1872, when fifteen years old, he left the Orphanage and went as page to St. George's College, West Croydon. He had a slight attack of sore eyes soon afterwards, for which he was treated by the medical attendant of the college, and soon got better. In December, 1872, he had a very severe attack, in which he lost his left eye; and he was then sent from the College to the South London Ophthalmic Hospital, where he was for a long time an in-patient, and where his right eye recovered with some damage. He left the hospital in April, took some sort of service, and at the end of June his right eye was bad once more. During July he was a patient at the Westminster Ophthalmic Hospital, where he got better. In October he went to live at the Working Boys' Home, in the Borough, where there are thirty or forty boys. At the end of November his eyes were bad once more, and he came again to the South London Ophthalmic Hospital, where he is now a patient. It is worth while to add that the manager of the Boys' Home, who is an experienced workhouse official, says he has no fear of the bad eyes spreading, because his boys are better fed than they would be in pauper schools, "with less slop and more solids." I look upon this case as typical, and as very instructive, because it shows the extreme obstinacy of the disease and the frequency with which it may recur.

My second proposition is that the magnitude of the evil is not so much to be measured by the original severity of individual cases in any outbreak, as by the actual number of the sufferers, and by the duration of the cases. Different outbreaks differ much in severity, and an outbreak in which there is a large percentage of loss of eyes, during the early stages of the disease, is calculated forcibly to impress the imagination, and to be regarded as a far more serious affair than an outbreak in which the immediate loss of eyes is comparatively small. But in a public institution, where all the cases are under observation from the beginning, the loss of an eye in the early stage should be an occurrence of extreme rarity. We have lately read, in a letter in *The Times*, that the loss of eyes was stopped in the Hanwell Schools as soon as Mr. Bowman took the superintendence of the treatment; while it is also mentioned, as a comparatively small matter and seemingly as a curious fact in natural history, that "the smouldering embers were ever there." The writer of these words was probably not fully acquainted with the fact which it is my object now to state—namely, that the gravest results, in the aggregate, of contagious ophthalmia, are produced long after the acute stage has subsided, and are produced by the continuance of that smouldering which he describes. The ophthalmia leaves behind, when the acute stage is over, a chronic thickening or fleshiness of the lining of the eyelids; and, as an example is better than any amount of description, I have in attendance a little girl who shows this state extremely well. If you draw down her lower eyelids, you will see the thickening of which I speak. Now this thickening seems a small matter; but it cannot be got rid of without months of exceedingly careful and well-directed treatment; and if it is not got rid of it may entail disastrous consequences. It is liable to undergo a very slow process of degeneration and contraction, by which the form of the eyelids is distorted and their inner surfaces are rendered hard and rough. The eyelids no longer fit the surface of the eye, and therefore they cease to wipe away the particles of dust which float in the atmosphere, and which are constantly deposited from it. Their internal surfaces become themselves sources of irritation, and their altered curvatures bend the eyelashes inwards and cause them to exercise friction upon the eyeball. These changes occur so slowly that many years may elapse before

they are fully produced, and their connexion with the original ophthalmia may then easily be lost sight of. They are almost irremediable, because nothing can restore the natural shape, texture, and pliability of the lids, and because operations for altering the position of the eyelashes are often defeated by the continuance of the contraction, which, in a few months, may reproduce the deformity. The patients are, perhaps, more forlorn and to be pitied than any other class that fall under our notice. They are in a state of constant pain or uneasiness, tormented by every movement of their eyelids, tormented by every particle of dust which falls into their eyes, tormented by their eyelashes, tormented by constant overflow of tears, seldom with sufficient vision to follow any employment, dependent upon the rates or on charity, half blind, and wholly miserable. Such are the ultimate results produced by contagious ophthalmia, when the patients pass away from under treatment before they are completely cured. If the little girl whom you have seen were now to make her escape from the doctor such would be the condition to which she would come in the course of years. I repeat, therefore, that if the immediate destruction of eyes by acute ophthalmia were unknown, the prevalence of the disease would still be a matter of the highest importance alike to the sufferers and to the public. We have no data that I am aware of for estimating the degree of prevalence with any sort of accuracy. But I have been told the cases at Hanwell alone amounted to some hundreds; that the cases at Anerley were somewhere about two hundred; and I have no doubt that a complete enumeration of the sufferers, during the last ten years, at the various workhouses and schools in the kingdom, would take us far into thousands of cases.

My third and, perhaps, most important proposition is that contagious ophthalmia is not an affection which can be introduced into and propagated among a community of healthy persons. If you take a drop of matter from an eye in the acute stage and put it into a healthy eye, or if you expose the healthy eyes of a nurse to the manifold chances of direct contact and to the concentrated atmospheric contagion of a ward containing a number of infected children, some kind of inflammation will no doubt be produced. But before it can spread in the ordinary manner, contagious ophthalmia must find persons prepared for its reception by the existence of an antecedent morbid condition. This antecedent condition is not one of mere ill-health or debility, either inherited or acquired, but it is something definite, manifested by the development, in the lining membrane of the eyelids, of certain little bodies which are not unlike grains of boiled sago, and which are commonly called after this resemblance. In technical nomenclature they are known as "follicular granulations," but to-day I will call them "sago grains." They are concealed by the eyelids when these are in their natural position, and when once ophthalmia is set up, they are soon concealed altogether by the swelling and the increased redness of the parts in which they are found. Here again, example being better than description, I have a patient in attendance who has the "sago grains," but who has not yet suffered from ophthalmia. The very existence of these "sago grains" remained unknown until the year 1848, when they were discovered by Dr. Löffler, the surgeon to a Prussian regiment employed against the Danes. Soldiers on active service have often suffered greatly from contagious ophthalmia, and it prevailed so much in the regiment in question that many men were disabled. Dr. Löffler, in order to treat every case at the very beginning, caused the whole regiment to be paraded daily for inspection, and he examined the inside of the eyelids of every man. In a large proportion of the apparently unaffected men he found these "sago grains," and at first he did not know what they were or what they signified; but after a while he found that the men who had sago grains were sooner or later attacked by ophthalmia, and that the men who had no sago grains remained exempt. The inquiry was next taken up, and diligently pursued, in the British army, chiefly by Drs. Frank, Marston, and Welch. They confirmed the conclusions at which Dr. Löffler had arrived, and they established that the prevalence of the sago grains is the necessary antecedent of an epidemic of contagious ophthalmia. They furnish, to repeat a figurative expression I have already used, the soil in which the seeds of the disease germinate; and, if the soil is wanting, the seeds either remain quiescent or, at most, produce disease of a comparatively harmless character. Drs. Frank, Marston, and Welch further established that, when a large number of persons are brought together in close aggregation, and are exposed to insanitary conditions of living, they become the subjects of these sago grains, so that the presence or absence of sago grains affords a delicate test of the sanitary state of a school, regiment, or any similar community. In a regiment the proneness to the development of sago grains is found to decrease as life advances—that is, to be much greater in young soldiers than in old ones, and, by a parity of reasoning, it is assumed to be greater in a community of children than in a community of adults. In any individual, and therefore in any community, the sago grains may disappear without producing mischief. But, as a matter of fact, sources of irritation to the eyes abound in the world, and when these sources of irritation act upon eyelids in which sago grains are already present they often excite the contagious form of ophthalmia. It is, therefore, very rare for a community in which sago grains are prevalent to remain for any length of time free from an outbreak. The next step in the inquiry was to determine the nature of the sago grains; and this has been accomplished only within the last two years. Speaking broadly, they may be regarded as enlarged glands, and as bearing considerable analogy to the enlarged glands sometimes seen in feeble or scrofulous children. You know that glands are natural structures, which, in their healthy state, are not discoverable externally either by sight or touch, but which, in certain unhealthy conditions, become manifest as hard prominences on the sides of the neck and in other situations. When thus manifest, they may either remain passive, or, as it is said, indolent, and may after a time disappear by returning to their natural state, or they may undergo an unhealthy form of inflammation and become the seat of abscesses, which often give rise to unsightly scars. The case of the sago grains is almost precisely parallel, for just as a child will not have scrofulous abscesses in its neck unless glandular enlargement has first existed, so a child will not have contagious ophthalmia unless sago grains have first been developed in its eyelids. In this fact, therefore, we possess a clue to the prevention of the disease.

*(To be concluded.)*

## HYSTERIA SIMPLIFIED AND EXPLAINED.

BY D. DE BERDT HOVELL, F.R.C.S.E.

THERE is still so much absence of sound knowledge of the disease called hysteria, and so much mystery attached to it, that it seems excusable, if not desirable, to attempt to elucidate it.

The meeting of the Clinical Society on October 31st may be taken as a fair representation of the present state of opinion and general information on the subject. Sir W. Gull called attention to a disease which he had formerly termed "apepsia hysterica," but which he now preferred to call "anorexia hysterica," occurring mostly in young women between the ages of fifteen and twenty-three. I submit that the term "puellaris" would more correctly designate the disease, as regards the age at which it most frequently occurs, and the usual subjects of it. If medicine be not one of the exact sciences, there is no reason why we should not be correct and definite in our terms. At the outset I am at issue with Sir W. Gull, when he says that "we may call the state 'hysterical' without committing ourselves to the strict etymological value of the word," for this simple reason, that it is the false derivation of the word which not only involves the disease in obscurity, but misleads as to its actual condition.

I venture to take further exception to Sir W. Gull's description, when he says that "the want of appetite is due to a morbid *mental* state," and "it is *notorious* that certain *mental* states are apt to destroy the appetite," and "it would be admitted that young women of the age named are especially obnoxious to *mental* perversity."

Although the mental and moral conditions of our nature are closely associated psychologically, they are quite distinct

the one represents the intellect, the other the feelings or emotions. I therefore venture to assert that when Sir W. Gull uses the term "mental," he really means *moral*. It is true that mental excitement, if there be such a thing pure and simple, will take away appetite, but it would be more correct to say that loss of appetite is frequently associated with morbid psychological states. The two do not stand to one another in the relation of cause and effect. Again, I should restrict the term "mental perversity" to either the vagary of an imperfect intellect or the *moral obliquity* which prevents a capable mind from seeing or admitting an obvious truth. To insist upon these definitions is not a mere whim; in order to understand the matter it is imperative that we should distinguish, and accurately bear in mind, the *physical*, *mental*, and *moral*; because if we do not clearly comprehend them separately, it is impossible to form an accurate opinion of their conjoint relations.

The following case illustrates the misuse of the term hysteria. A few months ago I met one of the physicians attached to a large metropolitan hospital who told me that in such a ward I should find a case of hysteria which would interest me. I went up accordingly, and found a woman ill in bed, agitated and nervous, with imperfect speech, want of power and control in her limbs, inability to stand or walk, &c.; and learned that her illness had been caused by a severe moral shock—viz., finding her husband in bed with another woman. I say *moral* in direct contradistinction to *hysterical*, because I maintain that the shock fell upon the nervous system, and not upon the uterus. A few weeks after I observed in the medical journals that this physician had exhibited at the Pathological Society a specimen representing the following train of symptoms: "Weakened intellect, with staccato speech, jerking, palsy, and involuntary action of limbs, head, and trunk; retained sensibility of skin and muscles, freedom from pains of locomotor ataxy." I had no difficulty in recognising the accurate detail of the case of "*hysteria*" (?).

Either this unfortunate patient was in sound health at the time of the occurrence or disease was already incipient. In the first case it is clear that the shock was the *cause* of the disease; in the second the *proximate cause* of its development. That such are the direct effects of shock is the first point on which I insist; also that in all these cases we have to deal with reduced power in some form or other. But if we should unreasonably determine to designate either of these conditions hysteria, what possible pretext or excuse can there be for examining the patient with the speculum which has been gravely advocated in all cases of hysteria? What are we to understand by hysteria? In the instance above it is either a disease caused by shock or accelerated thereby. To my mind, the morbid condition thus caused or induced would be better designated by the term neurosis, which more reasonably implies, if it does not more accurately define, it.

Neurosis is the effect of physical as well as moral shock (of this I have given instances elsewhere*). The symptoms of both are identical in many respects. It is also frequently induced by depressing and exhausting physical disease. The main conditions are—loss of physical power, loss of moral power, increased susceptibility to pain and to all sources of irritation, and certain phases of disease. To repeat, the morbid condition so long miscalled hysteria is essentially connected with a depressed or rather low condition of nerve power. In the generality of instances it is caused by some blow or shock, physical or moral, or by some depressing moral circumstances; it is also frequently induced, as well as protracted, by some depressing or exhausting physical cause. These two, the moral and the physical, act and react upon one another. The disease often exists in a *passive* state, which also is very obnoxious to all causes and sources of irritation, by which it is often unexpectedly, and at times unaccountably, developed into an active stage. Those most liable to it are obviously the feeble and sensitive, in contradistinction to the strong and unfeeling. The symptoms of the disease are often complicated as well as protean, and under the best treatment the cases are at times both tedious and troublesome, because the original circumstances are but slowly recovered from. One reason of this is that the power of recovery is not great. Generally speaking, the so-called hysterical state is simply one of emotional susceptibility. The object of treatment is to raise power and remove sources of irritation; but it is useless to attempt the former until the latter has been attended to, and herein lies the difficulty of the matter. It is ever to be borne in mind that the disease is moral as well as physical; *and so must also be the treatment*; and if it be important to remove physical sources of irritation and to raise physical power, *a fortiori* is it *imperative* to improve moral power, which we shall in vain attempt to do till we have removed moral sources of irritation. This is, as it were, the crucial point—if one may make use of so absurd a mathematical term—in the treatment of the disease which I have so long insisted on and in vain striven to get recognised. Here it seems to me that the physician—aye, and surgeon too—have frequently become the subjects of the "morbus hystericus," inasmuch as they have become the subjects of "mental perversity," and are not wholly free from a certain amount of "moral obliquity"; for here, instead of being therapeutic and curative, the doctor has become vindictive, and desired to punish the patient whom his own want of skill has failed to relieve. And when the poor patient has, for nobody knows how long, "suffered many things of many physicians, and been nothing bettered, but rather grown worse," then, forsooth, comes a genius who talks about "a craving for sympathy"; and well might the patient have the *craving* for what most assuredly she has never met with. Craving for sympathy would, perhaps, be better interpreted the craving created by long want of help. Powerlessness and a sense of helplessness naturally lead such patients to seek for aid. One main difference between the hypothesis of hysteria and that of neurosis is that the first is apt to regard complaints as unreal and fictitious, the result of wilfulness and obstinacy and the aforesaid moral obliquity in various forms; while the second deals with facts instead of imputing motives. The hysterical doctrine is positively mischievous; it first misleads because it does not comprehend, and it cannot possibly treat with judgment a disease which it considers to be unreal. Thus, instead of elucidating, it only envelopes in a cloud, or rather fog, and does harm rather than good. On the other hand, we have only to recognise the state of neurosis and its tendencies as the effect of shock, &c., and examine the various symptoms in detail, to make the treatment of these cases not only not vexatious, but positively interesting; at least, so it has proved to me. In a word, treat the patients firmly if you will, but kindly and reasonably; meet disappointment with cheerfulness, irresolution with encouragement; if they are perverse and wilful, do not irritate, but improve their moral tone. Still less should we be harsh and vindictive; our province is to heal, and not to judge.

Much of the evil that has arisen from the term hysteria is due to that lamentable paper of the late Dr. Addison on "Uterine Irritation." By means of that paper—one of the most illogical essays that ever was written—he not only extensively propagated, but lent the weight of his authority to the pernicious doctrines which have so unfortunately attached themselves to it. The beauty of it is that the symptoms there detailed under the head of "uterine irritation" do not lead to the state usually designated by the obnoxious name. Nymphomania is one thing, but the state called hysteria is owing to another set of causes altogether. In a word, the one is *moral* as regards its psychological character, the other wholly *immoral*; but in the morbus hystericus the moral and immoral have been jumbled up in the medical mind in a most distressingly unaccountable manner.

Having divested "anorexia puellaris" of its mystifying designation, the disease admits of a simple explanation. It appears to occur in patients whose physical or moral power, or both, are depressed, although the intellect is not necessarily disordered. In such patients some source of irritation is acting—it may be disordered stomach or loaded rectum; and it does appear that in some cases the disease exists in an extreme degree. The indications of treatment seem to be obvious: to administer suitable medicines and to unload the rectum; meanwhile, as Dr. Quain suggested, to administer nourishment and stimulants in frequent and suitable quantities by mouth and per rectum. The administration of nourishment must necessarily be imperative, even though it should not be retained. So far we are taking means to remove sources of irritation and to raise

* Inquiry into the Real Nature of Hysteria.

physical power. I have only to add, that if the neurosis, which seems to be an essential condition of the disease, possibly induced by loss of strength consequent on insufficient nourishment,—if the neurosis be moral as well as physical, then, as a matter of course, similar moral treatment must be instituted as indispensable to recovery. If the patient be an ignorant peasant girl, whose tendency to "moral obliquity" has been fostered by her parents for the sake of gain, we should at once settle the question of her not taking food by insisting that nourishment is given in some form or other, and having settled the physical question, then proceed to improve the morale; but we ought not to indulge our own "mental perversity" by insisting upon starving the poor thing to death in order to satisfy the credulous portion of the community that she cannot live upon air.

The loss of moral control, or, in point of fact, temper, is so obvious a consequence of loss of moral power, that if it had not been so frequently overlooked it would hardly call forth notice. It is, however, not only a common but an important point to be borne in mind. Captain —— had the convoy of seven vessels from Spain to this country at the latter end of the year 1872. In consequence of bad weather six were lost. He put into Falmouth having had an anxious and laborious week, during which he had taken little or no food, as he was suffering from cynanche tonsillaris. The medical practitioner there advised him to stay on shore, but, having taken on board a pilot and another captain, he continued the voyage. The ship was lost on the Goodwin. He was the last man to leave the vessel, for the loss of which he was tried and acquitted. The effect of the strain and anxiety was to cause great irritability and loss of control in form of loss of temper upon slight provocation. On the 23rd of October, 1873, he had an altercation with the owner of the ship in which he was about to go to sea, in consequence of which he lost his command, and was summarily dismissed with violence. I found him late in the evening asleep, but the practitioner by whom he was first seen thought he was drunk, for which charge there was not the slightest foundation. His condition generally was prostration of nerve power or neurosis. He soon recovered his usual state of health.

Some years ago a case of what had been previously termed hysterical joint came under my care. A pale, delicate girl fell in the drawing-room and hurt her knee. She declared that for seven years she was never free from pain; and here let me remark that the complaints of such patients are often better founded than they appear to be, and require careful investigation before they are pronounced fictitious, for

"They speak truth who breathe their words in pain."

In this patient there was nothing that the most superficial could reasonably have termed "hysterical." Her account of herself was plain and direct. Various remedies did little, however, to improve her condition. She persistently complained of pain after walking a short distance. A splint, which effectually preserved the joint from motion, enabled her to walk a longer distance; but in all other respects her want of progress was a source of dissatisfaction to me and regret to her friends. One day her mother asked me if there was any danger, to which I replied, No; but in the night a violent thunderstorm came on, of which she had a great dread. She got out of bed and walked to the night-chair, when, in addition to a severe attack of diarrhœa, she had vomiting; and there she died—illustrating a feeble state of nerve power at any rate. On examination the cartilage of the tibia was partially absorbed.

The term "hysterical joint" is quite as open to criticism as any other application of this really absurd and objectionable nomenclature. Without doubt Sir Benjamin Brodie did essential service in his day by pointing out the difference between organic disease and the nervous affection of a joint. But that is more than a quarter of a century ago; and it is high time to make some advance upon that position. With due deference to Sir James Paget, the term "neuromimesis" does not much help the matter. The point is still one of diagnosis. The question still lies between the existence of organic disease and a nervous affection. The fact that the one simulates and masks the other maintains the necessity for the distinction to be drawn clearly between the two. It does not in any way divest the subject of its mischievous tendencies, or lead to any improvement in treating the disease. On the other hand, if the state of neurosis be admitted, its actual condition, its liabilities and susceptibilities at once call for investigation and explanation. If we once realise the fact that the state is essentially one of loss of power, that it is obnoxious to pain, to irritation, to spasm, both tonic and clonic; if we determine that this state is not merely physical, but requires also a distinct psychological recognition,—then we not only open a field of observation which explains all the phenomena, but at the same time find indications of rational treatment; we at once improve, not only our diagnosis, but our therapeutics also. In point of fact, we open up another phase of "the constitutional treatment of local disease" on which the late Mr. John Scott used so much to insist. No apology is made for the direct imputation that, in the estimation of these affections, the doctor has been at times the subject of the "morbus hystericus" as well as, or perhaps even more than, the patient. An obstinate case of hysteria is a case of mismanagement; and this mismanagement has, in not a few instances, gone on to the "bitter end" of the death of the patient. There is no better attribute of the medical mind than that it seeks truth, to divest itself of prejudice, to correct error; and in no instance are these attributes and qualifications capable of being exercised to greater advantage than in this much misunderstood and badly treated disease.

Five Houses, Clapton.

## ESMARCH'S BANDAGES FOR BLOODLESS OPERATIONS.

### A CLINICAL NOTE.

BY SAMPSON GAMGEE, F.R.S.E.,

SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

IMPRESSED by the results recorded by Professor Humphry of Cambridge, I resolved (29th Nov. ult.) to test the value of Esmarch's bandages for bloodless operations. The patient, a youth aged nineteen, was suffering from acute caries of the middle third of the left femur. Chloroform having been administered and the heel well raised, I bandaged tightly, with india-rubber bandages two inches wide, from the roots of the toes, over the heel, to a point two inches above the intended seat of operation. While an assistant held his finger on the uppermost turn of bandage, the limb immediately above it was very firmly encircled with several turns of india-rubber pipe, about the thickness of the index-finger. The ends of the pipe, which was two yards long, having been firmly tied together, the elastic bandage was uncoiled, leaving the limb shrunken and waxy pale. A three-inch incision in the middle line down to the femur, free use of the gouge and chisel in the removal of a quantity of carious bone, an incision into a boggy spot inside the knee, and the passage of a drainage-tube through the opening thus made from the incision over the middle third of the bone, were the successive steps of the absolutely bloodless operation. The scanty, pale, serous exudation was barely sufficient to impart a light-yellow stain to a white handkerchief. The elastic cord once freed and allowed to uncoil, pink suffusion of the previously dead-looking limb was the work of a few seconds. Blood now trickled from the wound, but certainly not more freely than usual after such an operation. Subsequent progress has been most satisfactory. The lad is easy and feeding, the femur is reduced to nearly normal size, the discharge lessening, and the wound rapidly granulating.

In addressing the clinical class immediately after the operation, it was impossible to conceal the enthusiastic admiration of the proceeding counselled by the German professor. Only the other day one of our leading surgeons spoke as if operative surgery had reached the utmost bounds of perfection. Esmarch's perfectly simple and efficient contrivance, which any surgeon can employ with success, renders possible the utmost economy of the vital powers, and scientific precision in the performance of many surgical operations. As the lad lay on the table in deep sleep, with the long drainage-tube stretching between the pale and spotless wounds through the substance of the thigh, it was impossible to suppress grateful admiration for the triple triumph of international surgery. This country

and America divide the conspicuous honour inseparable from the discovery of anæsthesia. Chassaignac's system of drainage, to which justice has scarcely been done, is one of the greatest contributions, amongst the many, with which Frenchmen have enriched surgical art. Now, the Professor of Surgery at Kiel has introduced a method of procedure calculated to influence most beneficially, in the conjoined interest of science and humanity, a large domain of surgical practice.

The success attained in the foregoing case has led me to adopt the method in a case of excision of the knee, with the assistance of my friend and colleague, Mr. J. F. West. The proceeding was bloodless, though the hæmorrhage was rather free when the ligature was removed from the middle of the thigh. The little arteries, which spirted out freely, were twisted or ligatured by our resident surgeon, Mr. Gilbert Smith, who also applied the usual apparatus to secure immobility. The case is proceeding (ten days after operation) quite satisfactorily, with exceptional freedom from pain.

It often happens, in our profession as in other departments of human knowledge, though in varying degree, that the alluring charm of novelty seduces judgment, and soundness is sacrificed to fashion. I am always averse to magnifying the importance of new processes and remedies; but, with the fullest reservation in favour of the appellate rights of experience, I look upon Professor Esmarch's process for bloodless operations as one likely to aid judicious surgeons in doing good.

Birmingham.

## LARGE SUBMUCOUS FIBROID OF THE UTERUS REMOVED BY ENUCLEATION AND TORSION.

BY JOHN SCOTT, F.R.C.S.,
SURGEON TO THE HOSPITAL FOR WOMEN, SOHO.

FIBROID tumours of the uterus and their treatment is a subject of so great interest that no apology is needed for sending the following case for publication, as illustrating the facility and safety with which even large tumours may be removed.

C. H——, married, aged fifty-six years, a stout, flabby, anæmic woman, was admitted into the Hospital for Women on July 5th, 1873, complaining of general weakness, menorrhagia, and pains in the back and the left inguinal region. She has been married twenty-one years; has had one child twenty years since, and has enjoyed good health until the last two years, from which time the catamenia, formerly regular and natural, have become more frequent and excessive. At this date also pains in the back and groin commenced. From this time she became gradually weaker through loss of blood, and exhausted by the constant pain. Tongue furred; bowels constipated. Owing to the excessive deposit of fat in the abdominal wall, nothing could be felt distinctly by the hand on the abdomen. On examination per vaginam, a large, smooth, and consistent tumour was found filling the upper portion of the vagina, so that the os could not be felt. On introducing the hand, under chloroform, the mass was found to spring from the edge of the anterior labium uteri, bulging into and filling the cavity of the uterus, and extending upwards to the fundus, being attached in its entire breadth to the anterior wall. The posterior segment of the os was felt with some difficulty high up in the hollow of the sacrum. The uterine sound was passed four inches.

As the removal of the tumour in its then condition, imbedded as it was in uterine tissue, seemed impossible, I decided on making a free incision through its investing membrane, with the hope that it might eventually be extruded by the natural efforts of the uterus.

July 19th.—I accordingly made, to-day, an incision an inch and a half long and half an inch deep. This was followed by rather free bleeding, which was easily checked by plugs of matico. A draught of quinine and iron and fifteen minims of the fluid extract of ergot three times a day were ordered. During the next few weeks she suffered occasionally from considerable constitutional disturbance, with a rather free, yellow, and at times offensive discharge.

24th.—A subcutaneous injection of three grains of ergotine was used this morning; within a few minutes severe dragging pains in the hypogastrium and left inguinal region came on, and continued the greater part of the day. In the evening the point of injection in the upper arm had become painful, and inflamed to the extent of a five-shilling-piece. This condition of the arm, with some febrile disturbance, continued up to the 29th.

Aug. 6th.—This morning two grains of ergotine were injected. This was followed by the same train of symptoms as before, but in a less degree.

9th.—I made a further incision above and below the former one to-day; slight bleeding followed. From this date to Sept. 3rd she continued the ergot—mostly the fresh infusion—with occasional intermissions. The catamenia came on during this period, lasting only five days, and not excessive.

27th.—No material change having taken place in the position of the tumour, I introduced my finger through the incision, and easily separated it from its connecting tissue as far as I could reach. Considerable bleeding followed. As the attachments were so easily broken down, I decided on enucleating it by the hand as far as possible, and then to separate it by the écraseur.

Sept. 3rd.—The patient being brought under chloroform by the house-physician, Dr. Gairdner, I introduced my hand into the vagina, and succeeded in passing it quite round the tumour, breaking through its attachments up to the fundus. In doing this I found that the adhesions, previously broken down on August 27th, had reformed, and bled freely. The tumour being now free, except at the fundus, I passed the wire loop of the écraseur up to that point; but as soon as any strain was made upon the wire it slipped down, in spite of every effort of my fingers and a directer, so that it would necessarily have divided the tumour obliquely at its upper third. As I was most desirous to remove the tumour entire, it occurred to me that torsion would probably break through its remaining attachment to the fundus as readily as the others had yielded to my hand. I accordingly grasped the tumour firmly, and, after a few turns, found that it was loose in the cavity of the uterus. Knowing the difficulty that sometimes attends the removal of intra-uterine tumours after their separation, I had previously passed a loop of fine whipcord through its lower part, by which, and by a tongue spatula used as a lever, it was withdrawn with some slight difficulty. The bleeding which followed was easily checked by the application of matico and plugs.

The tumour, which was ovoid, was 5 in. long and 4 in. broad, and weighed 1 lb. 6 oz. Its surface was perfectly smooth, and enveloped in its proper capsule.

During the next ten days there was a free, offensive discharge, which gradually ceased under the use of carbolic acid injections (1 part to 40). But very little constitutional disturbance followed, the pulse never rising above 90, and the temperature 101°, and that only on one occasion.

On the 17th the uterine sound passed only two inches and a half without pain. Nitrate of silver was applied to some granulations round the os.

19th.—On this day she was discharged.

There are four points of interest, I think, in this case.

1st. The extent of the attachment of the tumour to the uterus—viz., from os to fundus in its whole length, and to the anterior half in its entire breadth.

2nd. The facility with which it was enucleated from its surrounding connective tissue, and the hand passed, under chloroform, up to the fundus.

3rd. The ease with which its separation, after enucleation, was effected by torsion, and the advantage of that method over division by the écraseur, inasmuch as all chance of including any portion of uterine tissue in the loop is avoided.

4th. The rapidity with which fresh adhesions, after partial separation, are formed, and the advisability therefore of completing the removal at one operation.

Harley-street.

AN amateur dramatic entertainment in aid of King's College Hospital was given last week at the Bijou Theatre, Bayswater, when a sum of £50 was collected for the funds of the hospital.

# A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo nos endi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## GUY'S HOSPITAL.

### PROBABLE SANGUINEOUS EFFUSION BETWEEN THE MEMBRANES OF THE BRAIN, THE RESULT OF AN INJURY TO THE HEAD; LEAD-POISONING; RECOVERY.

(Under the care of Dr. WILKS.)

THE following case, for the notes of which we are indebted to Mr. J. B. Crowther, is an interesting example of an affection which is very frequently overlooked in practice. In the present instance the symptoms referable to the lesion in the nervous system were complicated by the presence of lead-poisoning. We may incidentally remark, that the tincture of guaiacum and peroxide of hydrogen test for blood is one of considerable clinical value.

J. C——, a boy aged thirteen, was admitted into Stephen ward on Oct. 14th, 1873. The patient is the only surviving child of a family of seven, the others dying young. At 5 P.M. on the day of admission the patient received a blow on the head with a short, square block of wood. Immediately he exclaimed that he could not see, and forthwith fell down upon the floor, but so gently that he did not apparently sustain any injury from shock. While in an unconscious state he vomited. When admitted at 5.30 P.M. he was in a state of great excitement, the face was blanched, the eyes fixed and staring, and after the first few moments he appeared quite unconscious. He struggled much, and uttered prolonged cries. This state lasted for some time, the patient being so violent that it was necessary to tie him down in bed. In a few hours, however, he became more quiet. A blister 3 in. by 3 in. was applied to the nape of the neck.

Oct. 15th.—The patient lies on the left side. The face is blanched and anxious; skin hot and dry; extremities cold. In the left upper eyelid there is a small ecchymosis; the pupils are equal and sluggish, but become widely dilated during the struggling and crying fits which recur every half hour. During the fit there is a spasm, in which the head is drawn backwards, the arms are rigidly extended, the fists clenched and difficult to open. The legs are flexed on to the abdomen; at the same time he moans and utters a prolonged cry. The attacks are readily brought on by any irritation of the general surface. The inspiration is snuffling; the tongue is much swollen, red, and lacerated, and the lips and teeth covered with reddish sordes. The patient frequently vomits a brownish-red frothy fluid, which with the tincture of guaiacum and peroxide of hydrogen test yields the blue colour afforded by blood. In the intervals of the fits the patient is calm and quiet.

16th.—He appears worse; lies on his back with his eyelids half open, and from between the lids issues a thick yellowish discharge, which has matted the eyelashes together and covers the cornea with a mucous film; face blanched and death-like; pupils still sluggish, sensitive to light, but slightly irregular; conjunctivæ nearly insensible. The mouth is half open, and, from the tongue being less swollen, he breathes through it deeply and quietly, expanding his chest well. Respiration 20; the breath-sounds, which are normal, are more audible than yesterday; pulse 100, strong, slightly compressible, regular; is not able to feel ordinary impressions (pinching, &c.); the hand closes on irritation, as if by reflex action; every ten minutes he takes a longer breath than usual and sighs, during which time the lower jaw moves as if masticating. This condition can be brought about by irritation, at which time also the limbs move sluggishly. Bowels opened slightly with injection. Urine, which dribbles away involuntarily, is of pale-amber colour; specific gravity 1020, highly acid; no albumen. Has been unable to swallow anything since admission.

17th.—Continues in the same condition as yesterday, but is quieter. He still moves his jaws occasionally, as if in the act of mastication. When liquids are given, the act of deglutition is not performed—the fluid returns, and some appears to get into the larynx. Eyelids closed; conjunctivæ more sensitive; teeth and lips covered with whitish sordes; tongue coated with thick creamy fur, through which fungiform papillæ protrude. There is a bluish-purple line at junction of teeth and gums; some teeth free from this. He continues in the unconscious state, regardless of the impressions of pinching. The systolic apex heart-sound is not so sharp as usual, and seems prolonged and rough.

18th.—He remained in much the same state until 4.30 A.M., when he rather suddenly opened his eyes, and recognised his mother. From this time he continued to stare around somewhat vacantly, sleeping but little. He seems to recognise individuals, and is able to answer questions only by signs, and has not spoken yet. Is able to swallow a little, in small quantities, if the liquids are put far back on his tongue. Has had two attacks of prolonged whining, at which time his expression is anxious. He raises himself with difficulty, and moves all his limbs as if wanting to get up. Bowels opened by means of castor oil at about noon, not previously opened since the 12th; thoracic viscera healthy; the chest walls move freely; respiration 20, chiefly nasal; pulse 112, small and hard; abdomen natural, but muscles contracted; the urine passes involuntarily.

19th.—Sensation much better; blue line on gums more distinct; bowels have not been moved, although two injections have been given; urine still involuntary, no sugar, no albumen, acid. The patient spoke for the first time this afternoon.

20th.—The patient is much more sensible. Occasionally does what he is asked, but takes some time over it, seeming not quite to understand. His answers are prolonged, and given in a whining manner. At times he seems obstinate. Has slept very little since the 18th; continues to stare around him, occasionally lifting his limbs, which have more power in them; expression vacant. Has disturbed the patients much by his screaming, which comes on at night. Swallows better; breath very fetid; bowels twice opened. The urine, which is still passed involuntarily, is of a dark-amber colour, with copious gelatinous precipitate, having an amorphous pinkish layer, which disappears on heat; acid; specific gravity 1020; no albumen; the phosphates are considerably increased, there being as much as 4·54 parts in the 1000. Abdominal muscles much contracted, and the patient complains of tenderness in this region. Pulse full, slightly compressible, somewhat irregular, 72; respiration deep, 16; temperature 98·4°.

21st.—Continues to improve. Answers questions more readily; limbs move strongly; hands close more firmly. Has still a vacant expression; tongue still furred; wanders at times, and answers questions foolishly; no pain anywhere; takes his food well. Did not make so much noise last night, and slept a little after a draught given at midnight; he, however, generally remains awake. Pulse firm, full, not so compressible, 92; respiration 20.

22nd.—He seems much better. Replies to questions more promptly, but the answers are prolonged and given with much difficulty. He moves his limbs well. Is much quieter at night, and slept a little in the first part of last night; was then sick three or four times, and has retched occasionally since after food. Bowels freely opened; urine passed for the first time voluntarily; appetite good; skin hot and moist; has more expression. Pulse 72; respiration 16; temperature 98·2°.

24th. — Progresses favourably; has more expression; tongue still covered with slight brownish fur; was very troublesome during the night of the 22nd, but last night slept well; urine voided voluntarily.

Nov. 3rd. — Continues to improve daily. Tongue clean and moist. Slept better for the last week; but as soon as the gas is lit he gets frightened and timid, and imagines he sees all sorts of horrid visions. Complains of a peculiar taste in the mouth.

10th.—Did not sleep so well last night. Continues to see horrid visions, which frighten him. Bowels regular. No pain anywhere. Pulse 92. Since he has been up (for the last ten days) the right shoulder seems a little lower than the left, and he swings his arm and shuffles his foot more on the right side; sensation is slightly diminished here, and there is occasional tremor when anything is grasped.

15th.—Has much improved. Tongue moist; slight fur posteriorly. Does not sleep well; is timid and very frightened on hearing a loud sound; bowels irregular; blue line in gums still present; pulse 85; weakness in right side continues, with impaired sensation; appetite good. Urine of pale-amber colour; specific gravity 1026; no albumen. Is very anæmic, and has lost much flesh during his illness. His memory is not so good. No headache.

The urine was subsequently examined by Dr. Stevenson, the lecturer on chemistry, and was found to contain an appreciable quantity of lead. Iodide of potassium was therefore ordered, and in a few days the patient greatly improved in health, gained both flesh and colour, and the bowels became more regular. The patient was almost well when discharged on Nov. 26th.

## WEST LONDON HOSPITAL.

### RETENTION OF URINE FROM STRICTURE COMPLICATED WITH A FALSE PASSAGE LEADING TO A SAC; RELIEF OF RETENTION AND CURE OF THE STRICTURE.

(Under the care of MR. TEEVAN.)

G. B——, aged thirty-one, labourer, was admitted into the hospital on August 6th, at 7 P.M., suffering from retention of urine. The patient stated that thirteen years ago he had an attack of gonorrhœa, and was long troubled with a gleet. About ten years back he commenced to experience much difficulty in urinating, and had shortly afterwards to seek advice. He then underwent a course of treatment by gradual dilatation with metal instruments. Two years ago he was again troubled with a recurrence of his old complaint, and for some time past he has only been able to pass water guttatim. When admitted he was put through the usual course of treatment without relief. At 10 P.M. Mr. Teevan was sent for, and on his arrival the patient was brought to the bottom of the bed, and placed in the lithotomy position, Mr. Teevan taking his seat on a chair in front of the sufferer. The house-surgeon stated that there was a false passage into which the catheter passed up to the hilt, and that it could be freely rotated in a sac. Mr. Teevan introduced a No. 1 silver catheter apparently into the bladder, but no urine escaped, and on examining the parts through the rectum, he found the instrument had passed into a capacious sac situated in the median line, between the bladder and bowel. It was evidently of long standing, as not a drop of blood escaped. After a trial of upwards of half an hour Mr. Teevan finally succeeded in passing a No. 4 silver catheter into the bladder and drawing off the urine. Half an hour later the catheter was withdrawn. The patient was kept in bed, and on August 9th half a dozen leeches were applied to the perineum, and the bites were allowed to bleed freely. On August 11th a No. 1 silver catheter was with great difficulty introduced, and kept in for twelve hours. Four days later the patient was obliged to leave the hospital to resume work. He, however, attended regularly twice a week, but no instrument could be passed till October 1st, when Mr. Teevan succeeded in introducing a very fine curved olivary whalebone bougie, and kept it in for half an hour. From this date uniform progress was made, and in ten more visits No. 19 was reached. The patient is now quite well, and passes a No. 17 olivary elastic catheter for himself once a week.

Mr. Teevan remarked that the difficulties in the case arose from the narrowness of the entrance to the stricture and the great size of the mouth of the false passage, so that an instrument was only prevented from slipping into it by firm pressure made upwards with the point of the finger in the rectum. M. Mercier had laid it down as a rule that if the false route were in the floor of the urethra a curved instrument ought to be used, but if in the roof a straight elastic catheter was indicated; and this recommendation would be found most useful in practice. When M. Civiale visited the different museums in London he was struck with the great number of specimens exhibiting false passages, and recorded his impressions in the following words:—"Quand je visitai les riches collections de Londres, dit il, je fus frappé du nombre prodigieux de pièces offrant toutes les variétés possibles de fausses routes; je communiquai à l'un des premiers chirurgiens de la ville qui m'accompagnait les réflexions que suggère une si effrayante collection. Ne soyez pas étonné, me répondit-il, de trouver ici plus qu'ailleurs des cas de fausses routes; cela tient uniquement à ce que nous conservons les pièces avec plus de soin qu'on ne fait dans d'autres localités. Et il ajouta que ces malheurs de la pratique chirurgicale avaient lieu partout dans la même proportion à peu près. Loin de partager cette opinion de mon confrère de Londres, je suis persuadé, au contraire, que la principale cause de la multiplicité des fausses routes tient à la manière de pratiquer la cathétérisme et à l'emploi des moyens hasardeux auxquels on a recours pour forcer les rétrécissements." ("Traité des Maladies des Voies Urinaires," p. 453, by le Docteur Phillips.) Mr. Teevan stated that false passages were nearly always to be found in the floor of the urethra, and were caused by the use of metal instruments instead of elastic ones. The position usually adopted of standing by the side of the patient also conduced to the result; for the surgeon would unconsciously press too forcibly on the catheter when his patience or endurance was tried by prolonged attempts to pass an instrument, and hence it was that, as the operator exercised force in a direction downwards, the point of the metal catheter was driven into the floor of the urethra rather than into the roof of the canal.

## BRISTOL GENERAL HOSPITAL.

### ABSCESS OF THE BRAIN.

(Under the care of Dr. BURDER.)

THE following notes are furnished by Mr. J. Howell Thomas, physician's assistant.

Charles G——, aged twenty-seven, was admitted Dec. 3rd. He had been a healthy man all his life until last August, when he was an in-patient for an attack of pleurisy. He was discharged cured on Aug. 30th. While in the hospital it was noticed that he had a peculiar fixed expression of face. Since his discharge he had been doing his work until the day of admission, but he had complained to his friends of very severe headache. He had not been a drinker, nor had he received a blow on his head, and there was no discharge from the ears. He went to work as usual on the 3rd inst., and whilst at work his master noticed that he seemed to wander; he would leave what he was doing unfinished, and do something else, and was very restless. He was therefore sent to the hospital.

On admission he had a staring, wild expression of face, with the eyes wide open; pupils normal. He wanted to take off his coat, and seemed very restless. He appeared to suffer severe pain when he was touched on the head. He had to be held down in bed, as he was so restless. Did not answer questions, but appeared to hear them [illegible] and muttered to himself.

Dec. 4th.—Continues in much the same state; has had no convulsions. Recognised his brother, and called him by name, but did not say anything more to him. Morning temperature 99°.

5th.—Seems utterly unconscious this morning; his restlessness seems increased. Is continually picking the bedclothes.

He continued in about the same state until 1 A.M. on Dec. 6th, when he had a convulsion, followed by others, and died at 3 A.M. He did not become comatose until within some few minutes of his death.

*Autopsy on December 8th.*—Body well nourished. On removing the calvaria, the dura mater was found more adherent to it than usual. The vessels of the pia mater were intensely injected. There was a patch of pus under the arachnoid, over the anterior surface of the left hemisphere, beneath the temporal region. On the under surface of the pons and cerebellum, the meninges were full of pus. The ventricles were full of thin sero-pus. The brain-substance was soft, and was studded with small red spots, minute extravasations of blood. In the anterior and lower part of the left hemisphere there was an abscess about the size of a walnut. The abscess had a distinct cyst wall, on which was some yellow pultaceous matter. The pus was green and ammoniacal—an indication that it was not of recent origin. The pus appeared to have ulcerated its way into the ventricles, and so caused the inflammation of the meninges.—Chest: Pleuritic adhesions on right side. Right

lung: Weight 18 oz., congested. Left lung: Weight 14 oz.; some collapse along the edge of the lower lobe—this was the side on which there had been effusion. Heart healthy. Liver, spleen, kidneys, intensely congested; otherwise normal.

## STANLEY HOSPITAL, LIVERPOOL.

### EXTENSIVE DISEASE OF KNEE-JOINT; AMPUTATION THROUGH THE THIGH; BLOODLESS OPERATION; RECOVERY.

(Under the care of Mr. J. KELLET SMITH.)

JOHN M——, aged thirty-nine, married, was admitted on May 30th, 1873. He had suffered from his right leg for four years. On admission the limb was swollen, and there was extensive œdema around the knee-joint. The pneumatic aspirator was used, and more than half a pint of pus removed, but as the fluid quickly reappeared, extensive incisions were made on each side of the knee and in the thigh, among the muscles of which there was much burrowing of pus. The knee-joint eventually became inflamed, but very gradually, and by the end of October the patient was seriously reduced in health and strength. By this time the whole of the thigh and leg were very œdematous, having a very hard, brawny feel.

Although the case seemed very unsuitable for the employment of Esmarch's bloodless method, it was determined at any rate to try it, and at first it was thought that excision of the knee might be performed.

On Nov. 7th the patient was put under chloroform in the ward to allow of his being removed to the operating-room. Upon his arrival there the chloroform was discontinued, and ether used instead. The limb was tightly bandaged, from the toes to the upper third of the thigh, with elastic bandage about four inches in width, after which a stout elastic cord was worked spirally over all until it reached the last turn of the bandage, when it was fastened, and the bandage removed. An incision was then made on the inner side to fully expose the knee-joint, which was found to be so extensively diseased that amputation was decided upon. The incision made on the inner side of the limb was continued forwards, embracing the patella, and brought to the outer side, thus making the anterior flap. The knife was then passed behind the femur, commencing at the same point as the anterior, was carried forward for a short distance, then abruptly downwards, thus making a short posterior flap, about one-fourth the length of the anterior. After the arteries, which were very much enlarged, had been tied with carbolised catgut, and the part well washed with carbolic-acid lotion, the flaps were brought together and secured. A piece of spiral wire drainage-tubing was passed through the part, and made to project about an inch on each side; some pieces of lint soaked in carbolic oil were then put on the part, and the patient removed. Upon making the first incision on the inner side of the knee a large amount of pus, and about an ounce of clot escaped, but during the rest of the operation there was no blood lost. The patient complained of no pain, such as was supposed would be caused by the sudden gorging of the vessels with blood, upon the removal of the cord.

The convalescence was rapid, there being no bad symptom throughout, and the patient has regained a florid, healthy look; he has also increased in weight.

At this operation, in spite of the excessive œdema, the elastic compression and bandaging most effectually succeeded in making a bloodless operation, and although the pressure was kept up for half an hour there was no sloughing. In a fortnight firm union had taken place in the deep parts of the stump.

TESTIMONIAL.—On Friday, the 5th inst., a number of the inhabitants of Ashley assembled for the purpose of presenting a testimonial to Mr. Roberts, who is about to leave Ashley, after a residence there of twenty-three years, for Twyford, near Winchester. The testimonial consisted of a valuable timepiece and silver salver, with a suitable inscription. The Rector of Ashley presided at the meeting, and the testimonial was presented by George Tunnicliffe, Esq.

# Medical Societies.

## ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 9TH, 1873.

DR. C. J. B. WILLIAMS, F.R.S., PRESIDENT, IN THE CHAIR.

A BALLOT took place for a large number of new fellows; and Sir Robert Christison, Mr. G. G. Stokes, and Professors Agassiz, Helmholtz, and Hofmann, were elected honorary fellows of the Society.

### CASES OF DISORDERLY MUSCULAR MOVEMENTS ILLUSTRATING THE USES OF CONIUM.

BY JOHN HARLEY, M.D. LOND.,
ASSISTANT-PHYSICIAN TO ST. THOMAS'S HOSPITAL.

Dr. Harley demonstrated the action of the drug by giving three patients suffering from disorderly muscular movements their customary dose. The first patient, a man aged forty-four, had been subject to spasmodic wryneck for some time; the right arm was also affected. He had been for a month in St. Thomas's Hospital, and had taken from three to seven ounces of succus conii daily. He took his dose of three and a half ounces. The second patient had had wryneck for fifteen weeks, and had been under care for five or six weeks, taking five to seven ounces of the juice daily: he took his dose of three and a half ounces. The third patient, aged nineteen, had spasmodic movements of the muscles of the right arm: he took his dose of three ounces of the succus. The fourth case reported was that of a little girl, four and a half years old, who had been subject to severe epileptic fits and hemiplegia of the right side. After taking paralysing doses of hemlock twice a day for three months, she was better. Hemlock acted upon the motor centres; and while it held in check spasm of one set of muscles, the corresponding muscles of the other side improved in nutrition and power. When under the influence of hemlock the whole muscular system was completely relaxed—the muscles of the face and head to a greater degree than those of the rest of the body. The author thought the juice would be useful in trismus, and in spasm of the orbicularis and gullet. Hemlock was totally destitute of anæsthetic properties; and there was no danger in taking such large doses as were given to the patients. The preparation used was the succus conii of the British Pharmacopœia.

Mr. BRUDENELL CARTER asked if Dr. Harley had any experience of the use of the juice in nystagmus. The practice of dividing the orbicularis before operating for the removal of the eyeball was quite discontinued. With regard to the use of conium for relaxing the spasm of the orbicularis, he preferred dividing it at the outer canthus.

Dr. O'CONNOR asked if the succus was made from the leaves of the first year's plant or the second; the first year's plant was comparatively inert.

Mr. THOMAS SMITH asked in what cases he had used the remedy; had he used it in tetanus, wryneck, paralysis agitans, &c.

Dr. HARLEY, in reply, said that conia injected subcutaneously acted in the same way. He had used it in epilepsy and chorea depending upon irritation of the motor centres, and it was a most invaluable remedy. In epilepsy the result varied. It acted remarkably in spinal irritation. It was useless in paralysis agitans, except in the first stage; in the later stages it increased the spasm. Its use in irritative conditions of the eyeball was evident, for the eyeballs were always fixed when the patient was under its influence. The juice he used was that made according to the instructions in the British Pharmacopœia.

### THE SUCCESSFUL TREATMENT OF ANEURISM BY POSITION AND RESTRICTED DIET.

BY JOLLIFFE TUFNELL, F.R.C.S.,
VICE-PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

The paper was illustrated by cases, preparations, and drawings. The cases were—

1. Aneurism of the abdominal aorta cured in thirty-seven days. The patient, a male, aged thirty-one years, was a shipwright by trade. Died from albuminuria five months after consolidation of the contents of the sac.

2. Aneurism of the abdominal aorta, cured in twenty-one

days. The patient, a male, aged seventy-eight years, was a pensioner from the army. Died three years subsequent to recovery from old age and general decay.

3. Aneurism of the popliteal artery, cured in twelve days. The patient, aged thirty-seven years, was a trooper in the Royal Dragoons, and is still serving in that regiment.

Mr. HOLMES thought that for the future the statistics of aneurism would be somewhat altered, since, as Mr. Tufnell had shown, cases can be cured by rest and diet alone. He could not say from his own experience that rest and diet cured; he had attempted it in many cases, but had been disappointed. Aneurism was commonly met with in broken-down debilitated subjects, suffering from kidney disease; and though this treatment was carried as far as possible, yet it was not successful. This did not contradict what Mr. Tufnell said, who stated that he had fourteen or fifteen cases thus cured. Mr. Luke's case was parallel to Mr. Tufnell's case of popliteal aneurism, and he thought it would be well for surgeons to consider, before operating, the behaviour of an aneurism under rest and diet. He had had a case under his care which was cured in two days by simple flexion; he thought it would have got well under rest alone. Such cases depended upon a slight lesion of the artery, and if the patient rested he would recover. Rest and position should always be tried before operating. The rapidity with which surgeons resorted to surgical treatment in abdominal aneurism surprised him. Three deaths had occurred in London hospitals from pressure to the abdominal aorta. The prolonged use of chloroform was very dangerous, and much pressure could not be applied without endangering other organs. Mr. Tufnell deserved the thanks of the profession for calling attention to the use of simple rest and diet for curing aneurism.

Mr. CALLENDER said the plan proposed was simple, and without risk to the life of the patient, and compared favourably with other procedures; he referred to operating on an artery for internal aneurism, and to pressure on the aorta for abdominal aneurism. But not every case was suitable for Mr. Tufnell's plan, which required to be carried out systematically in all its details. He had had some experience in a case of this kind. A patient came to St. Bartholomew's, a woman aged forty-two, who had been discharged from a metropolitan hospital as incurable. She had an aneurism of the arch of the aorta. She submitted to treatment and was confined to bed and put on the diet recommended. She continued this for two months and was much improved; the tumour diminished and the pulsation was more equable. She continued to improve, losing pain and dysphagia; feeling herself better, she got up and walked out of the hospital. He thought Mr. Tufnell's plan most serviceable as meeting such cases, and hoped a thorough trial would be given to it. The treatment must be carried out very strictly, and everything which contributed to the comfort of the patient should be attended to.

Dr. ANDREW said he had tried to carry out the plan in a large number of cases, but had found it impossible from the self-will of the patients and their inability to persevere in the treatment. A patient came with a large aneurismal tumour on the right side of the sternum. There was great pulsation. He tried this plan. At the end of ten weeks the tumour was much reduced, pulsation almost gone, at times absent. A week ago he thought the cure was complete, but she was suddenly startled by seeing an old friend. She was in pain all night, the pulsation returned, the tumour increased, and it appeared to be extending. He thought a case he had seen four years ago was completely cured in this way after rest &c. for a few weeks.

Mr. DURHAM asked if Mr. Tufnell had not seen other cases besides those mentioned in the paper, and had rest and diet cured them? In many cases of aneurism, if left alone and at rest, a cure was established; in many other cases, though the patient be at rest, there was no result, because he was too restless from pain, and something else must be done. Mr. Holmes had referred to deaths from pressure on the abdominal aorta. One of these cases was under his care. Rest and diet had been there kept up for one month. He thought the fatal result was due to rest and starving, the patient being too weak to endure the shock of the operation under chloroform. He thought Mr. Holmes had spoken too severely of surgeons early resorting to pressure on the abdominal aorta. He had treated two cases in this way. One had recovered and was able to continue his employment as a plasterer. In that case rest had first been tried, then rest and diet. In the fatal case the autopsy showed the aorta was well compressed without compressing the duodenum or other viscera. In a fatal case death resulted from pressure upon the viscera, and that because the pad was applied too low down. This he had verified by dissection.

Mr. HOLMES said he quite agreed with Mr. Durham that where rest and medicine failed, and the artery above the tumour was accessible, pressure should be resorted to.

Mr. GANT asked, if after rest and position had been tried an aneurism did not decrease, when should we have recourse to operation for an external aneurism?

Mr. SAVORY said that the treatment now recommended exceeded that which was some years ago introduced by the Dublin School of Surgery—namely, compression, inasmuch as it did not interfere with any other treatment, as ligature; for after compression the tissues were not fitted for ligature. This could be used before ligaturing, and every good surgeon would now first employ it, placing his patient at rest and on diet, and day after day measuring the progress of the aneurism; if it did not get worse, no ligature. Yet in some cases the surgeon would have to ligature at once. There were aneurisms and aneurisms, and we must try to distinguish between them. In any museum it could be seen how they differ from one another in the size of the sac, the relations of the sac, &c. It was not always possible during life to be sure of the nature of the aneurism, but we must attempt to diagnose the kind, and then apply judiciously one or other mode of treatment, adopting for each the plan most suitable.

Dr. SIBSON, after thanking Mr. Tufnell for his paper, said that Dr. Andrew had stated as an objection that patients would not submit to treatment. Mr. Durham had spoken of its great irksomeness, but injections of morphia had met this in one of Mr. Tufnell's cases. The rest was most needful; then diet, especially that the quantity of fluid should be diminished, there being then less action of the heart. He did not quite see why solid food was so rigidly used. He would be glad to know if Mr. Tufnell had had cases of failure and difficulty, and whether he had been stopped by the patient not wishing to submit to treatment for so long a time.

Mr. BARWELL asked if Mr. Tufnell had had a case where treatment failed and other treatment was employed. After so long a rest and limited diet, in what condition was the patient with regard to the future operation? Was the kidney disease, in the case of the man who died, suspected previous to the treatment, or was it brought about by the deposition of fibrine around the renal artery?

Mr. JOLLIFFE TUFNELL, in reply, said he did not know if Bright's disease was present previous to the treatment in the man who died; the symptoms came on a few days after the cure. After long rest and limited diet the patients were in perfect health; the diet was small in quantity, but nutritious in quality. It was not necessary to resort to any means whatever to cure external aneurism; he had cured it in twelve days by low diet. He had not selected his cases, nor had he refused any case. He had had fourteen cases successful out of eighteen. If a patient had an aneurism from the front of the vessel, and had a fibrinating power in the blood, he was successful. If a man got discontented after so many days, and went out, that could not be called a case. His plan in no way interfered with other treatment afterwards. He did not think that compression, if properly applied, interfered with ligature afterwards. The success of the treatment depended upon its being carried out systematically; he had endeavoured to imitate nature, so as to have a spontaneous cure.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 11TH, 1873.

MR. PRESCOTT HEWETT, PRESIDENT, IN THE CHAIR.

MR. WHEELHOUSE, of Leeds, read particulars of a

CASE OF ANEURISM OF THE EXTERNAL ILIAC ARTERY CURED BY PRESSURE WITH LISTER'S ABDOMINAL TOURNIQUET.

R. L——, a publican, was admitted into the General Infirmary at Leeds on Sept. 26th last. His family history was good, and he had always been temperate. He contracted a chancre in 1860, followed by suppurating bubo, rash over the body, and sore-throat. In 1861 there was

history of "catching cold" in his eye, and soon after iridectomy was performed by Mr. Teale. In 1862 kidney mischief, with bloody urine, occurred, for which he was treated (as he says successfully) with iodide of potassium and sarsaparilla. Twelve months ago a popliteal aneurism was found in the calf of the right leg, with pain, which became aggravated by a subsequent strain, and was treated by Mr. Wheelhouse, in consultation with Mr. Newstead, by continuous compression of the femoral artery for eight hours, by means of Porter's femoral compressor, which was well borne, and proved perfectly successful, the tumour in September last being perfectly hard, about the size of a pigeon's egg, and easily felt in the popliteal space. About the middle of July last the patient felt another tumour on the right side of the iliac fossa, constantly pulsating, and very painful. It seemed to have formed gradually, there being no history of strain or other injury, but the right leg was colder than before. The author, with Mr. Newstead and Mr. Jessop, found a large pulsating and expansile tumour in the right iliac fossa, reaching from Poupart's ligament upwards to within two inches of the umbilicus, and extending in an outward direction almost to the spine of the ilium, about the size of a small cocoa-nut, hard and firm at the lower part, and softer in the upper portion, with pulsations and dilatations synchronous with the pulse in the left femoral artery. The swelling appeared to be connected wholly with the external iliac artery, but to extend above and overlap the common iliac; and although pressure could not be made on the latter sufficient to stop the beating, it was easily controlled by pressure on the abdominal aorta just above its bifurcation. After a consultation, treatment by pressure was determined upon; and, on Sept. 27th, chloroform was administered by Dr. Barfoot, ether substituted as soon as the muscles were relaxed, and its action kept up continuously for five hours, without any untoward symptoms, twenty-five ounces of ether being used. Lister's large abdominal tourniquet was applied just over the umbilicus, and slowly screwed down until the flow of blood through the aneurism was arrested. Two slips of the instrument occurred during the first half-hour, but it was at once replaced. Pressure was commenced at 1.15 P.M. The foot was cold and a little blue at 2.30 P.M.; at 3 P.M. the tourniquet was unscrewed slightly; pulsation in the tumour returned, and it was at once reapplied. At 4 P.M. blueness had extended beyond the knee, the left leg being very cold; at 5 P.M. the right limb was blue to the groin, and the left to the knee. Pressure was then slightly relaxed; the tumour much harder, but pulsation still perceptible. At 6 P.M. both limbs were black, and body blue as far as tourniquet. The instrument was then removed gradually in fifteen minutes, a quarter turn of the handle being taken every minute. The tumour had ceased to pulsate, and was firm and hard. The limbs were wrapped in wool and tied together, and a hypodermic injection of morphia given. (During the entire operation slight pulsation could be felt in the left femoral artery.) At 7 P.M. there was slight pulsation in the aneurism, but it was firm and hard. At 10 P.M. pulsation had increased, but the tumour remained firm, and another morphia injection was given. A restless night was passed, and next day the tumour pulsated with nearly its old force, but the walls of the aneurism felt thicker and harder than before the operation, and the beating was more "lifting" and less "distensile," the author predicting that it would slowly cease altogether. Two grains of opium were ordered to keep the bowels quiet; the limbs were recovering their natural hue and temperature, and on the second morning after the operation the tumour was again much harder, pulsation was almost imperceptible, the patient was easy, and in the evening of the same day the tumour was almost fully reconsolidated, and both limbs normal as to warmth. Three days after the operation the pulsation was found to have stopped, the tumour was hard and firm, and when examined on November 14th (forty-eight days after operation) no pulsation was found, the aneurism had contracted, was hard and firm, about the size of a cricket-ball, the limb had completely recovered, and the patient had returned to work. The author was assisted at the operation by Dr. Barfoot, house-physician, and by Mr. A. R. Dunnage, house-surgeon to the hospital. Sphygmographic tracings taken before and immediately after the operation were exhibited to the Society.

After the record of a unanimous vote of thanks to Mr. Wheelhouse for his courtesy in coming from Leeds specially to read this interesting paper,

Mr. BRYANT, having congratulated the author, described a fatal case that had occurred in his practice, in which the intestines were wounded, and peritonitis followed, but he believed that death was caused mainly by the nervous shock. It must not be forgotten that rest and diet would do a great deal, and the great difficulty was as to the wisdom of using instruments in any particular case, it being of very great consequence not to delay. Syme had tied the femoral artery in twenty-three cases with no death, and at Guy's this artery had been tied twenty-four times with one death (from so-called pyæmia). After quoting his experience of several cases in which death had occurred (as he believed) from delay, the speaker remarked that he believed aneurism had no connexion with syphilis, and concluded by asking Mr. Wheelhouse how long the expectant treatment should be persisted in, and how long we ought to wait.

Mr. BARNARD HOLT exhibited a patient who had been the subject of a large femoral aneurism, which had occupied the greater part of the anterior surface of the thigh, which measured over the tumour 26 in. in circumference. Pressure was tried, but could not be borne; the patient was then put under chloroform and was (with the exception of occasional intervals of consciousness for the purpose of taking food) kept in a state of anæsthesia for fifty-two hours, during which time digital pressure above Poupart's ligament was continuously applied by relays of assistants. After this treatment the tumour was quite hard, with no murmur, but a very small bruit was heard on the outer side of the tumour, which appeared to take the course of the profunda. During the treatment the pulse rose from 90 to 110; the patient vomited once, but had no other bad symptom, and, after the lapse of two years, the cure remains complete. The speaker signified his belief in treatment by pressure if anæsthetics can be borne well, and was requested by the Society to forward the history of this case for insertion in the Transactions.

Dr. MOXON expressed his conviction that patients who are the subjects of aneurism can be cured by the starvation plan, believed that all cases of cure were the subjects of some form of wasting disease, as phthisis, cancer, &c., and asked sarcastically what the "expectant" treatment was "expected" to do.

Mr. ARTHUR DURHAM spoke of two cases in his practice, one of which did well, but the second, to which the tourniquet was applied, succumbed, the vital powers being very much reduced. He opined that the pressure must be made very high up or very low down; in his (the fatal) case the former plan, and in Mr. Wheelhouse's case the latter plan was adopted. The post-mortem in the speaker's case showed no injury to the viscera, but there was a little blood in the areolar tissue behind, and there appeared to be some injury to the semilunar ganglia of the sympathetic. He advised that Lister's or Pancoast's tourniquet should be made with a median groove, and said in conclusion that, as to the treatment of such cases, no hard and fast rules could be laid down.

Mr. CALLENDER remarked that in this case the arteries were also damaged, there was a large clot in the superior mesenteric artery, and great injury was caused to the sympathetic plexus of nerves around the first part of the abdominal aorta.

Mr. TIMOTHY HOLMES asked Mr. Wheelhouse the results of the somewhat large experience spoken of by the author as to manipulation, and criticised very sharply Mr. Durham's theory as to making pressure as high up as the pillars of the diaphragm, inasmuch as such treatment resulted in dangerous obstruction to the cardial circulation and embarrassed respiration; and the risk must increase in proportion as the point where pressure was made approached the heart. There was no doubt that some cases were successful when the expectant treatment was employed, and that without the starvation system referred to by a former speaker; but, on the other hand, that compression had far less risks than the ligature, and had often been successful, whereas nearly all cases of ligature of the common iliac had ended fatally. Dr. Darke, of Salisbury, had recorded a case in which the aneurism appeared to occupy Hunter's canal, and which was cured after compression sustained only an hour and a half. Another case was related by an American

author which was cured in five hours and a half by compression of the common iliac. The great risk of manipulation arose from detachment of clots and consequent embolism.

Mr. WARRINGTON HAWARD brought a pathological specimen from the museum of St. George's Hospital. In this case, which was under the care of Mr. Pollock, pressure was made by Lister's tourniquet. The pulse was feeble and the respiration embarrassed. The treatment was discontinued; urine bloody next day. A second trial gave the same results as to pulse and respiration. The patient was discharged from the hospital after six months' residence, readmitted, treated with iodide of potassium, which speedily caused iodism, and eventually died very suddenly, when the post-mortem examination showed an aneurism of the superior mesenteric artery, filled with a laminated clot, through which blood flowed in a small channel.

Mr. BARWELL (who had proposed the request for a record of Mr. Holt's case) thought that the term of treatment should be more brief, and that the cure would be completed by rest, without further instrumental aid.

Mr. CALLENDER proposed that a record should be requested of Mr. Pollock's case.

Mr. WHEELHOUSE, in reply, remarked, *in re* the manipulation treatment, that Mr. Teale had adopted it in many cases, but found it dangerous on account of the risk of embolism, and related a special case in which this was distinctly the cause of sudden death, in the person of a woman who was the subject of an aneurism at the bifurcation of the carotid and subclavian arteries. The speaker remarked that the Dublin surgeons could best answer the question of Dr. Moxon as to what was to be "expected" from the expectant system, that Mr. Tufnell had placed on record many successful cases, and that some success had also attended this plan of treatment at Leeds. He was disappointed at not hearing comments made as to the connexion of aneurismal disease with syphilis, inasmuch as Mr. Lane had spoken of syphilitic changes in the blood. It was worthy of consideration whether the arterial coats were not definitely changed by this disease, and Hodgson had spoken of degeneration of the internal coat caused by syphilis.

In reply to Mr. Barwell, Mr. WHEELHOUSE said he believed the compression treatment to be useless unless performed thoroughly, that a feeble current spoilt all, and that the tumour must be completely closed. He entirely agreed with Mr. Holmes as to the unwisdom of placing the tourniquet high in the abdomen, which plan must necessarily be productive of all sorts of mischief.

Mr. R. BRUDENELL CARTER then exhibited a patient with Sarcomata of both Irides, and read the following notes of the case:—"G. D——, aged fifteen, was admitted into St. George's Hospital on the 22nd of October, on account of growths springing from both irides. He is a somewhat slight and delicate, but well-grown lad, with good family history. Says that he is liable to colds, and that they affect his eyes, and he has enlarged cervical glands. Three months ago he first noticed a small speck on the iris of the left eye, which has steadily increased in size, and has lately interfered with sight. A fortnight ago he noticed two similar specks in the right eye, which seem to be increasing. On examination a tumour, about the size and colour of a split pea, was found on the lower portion of the left iris, extending to the margin of the anterior chamber, encroaching somewhat upon the pupil, and lying in contact with the inner surface of the cornea. The tumour was covered by a fine network of bloodvessels. The rest of the iris appeared healthy, the aqueous humour was clear, and the cornea generally transparent, but here and there dotted by small circular specks of opaque deposit. Vision was reduced to No. 8 of Jaeger's types, but with the aid of a convex glass of 24" he could read No. 1, showing that the defect was chiefly from interference with accommodation. There was a zone of fine injection round the cornea, and the presence and increase of the tumour were manifestly beginning to set up irritation. In the right eye were two small growths of a similar character, springing from the outer part of the margin of the iris. This eye was in other respects healthy, and vision was unaffected. On the 24th October I removed the tumour from the left eye by making an opening into the anterior chamber on either side, and by then uniting the two openings by means of a blunt-pointed knife, thus making a sufficient incision without wounding the tumour, which was then drawn out and removed, together with the piece of iris on which it rested, by three strokes of the scissors. The wound left by the operation united readily, but the cornea became opaque at its posterior portion, where it had been in contact with the growth. Two or three days later a very slight and insidious iritis appeared, by which an adhesion was formed between the upper part of the pupillary margin and the anterior capsule, and by which the artificial pupil left by the iridectomy was slowly dragged down towards the cicatrix. This condition was treated locally by atropine, and afterwards, at the suggestion of Mr. Bader, by daturin. The irritation gradually subsided, and the corneal opacity is now much diminished. The sight, which was of course greatly impaired when the pupil was behind a patch of opaque cornea, has now improved in a degree corresponding with the clearing up of the opacity. At the same time, however, a fresh tumour has appeared in the left eye at the outer margin, and the tumours in the right eye are steadily, though slowly, increasing. Mr. Warrington Haward, to whom the growth removed was given for examination, reports that it is a round-celled sarcoma. (A section was exhibited by Mr. Haward to the Society.) The reason for bringing forward the case at this early stage, and exhibiting the patient, is the hope that some guidance may be given with regard to future action. It seems that vision and life are very seriously imperilled, and that almost the only prospect of saving life will be by removal of the eyes before vision is lost. I may perhaps, as a first expedient, remove the whole of the irides, but shall be glad to hear the opinion of the Society, as I have not yet found any record of a similar case."

As the time was far spent, the discussion of the case was deferred, and the Society adjourned.

## Reviews and Notices of Books.

*The Journal of Anatomy and Physiology.* Edited by Professors HUMPHRY and TURNER. No. XIII. November, 1873. Macmillan and Co.

THE present number of this important journal leads off with a paper by Dr. A. L. Galabin on the Causes of the Secondary Waves seen in the Sphygmographic Tracing of the Pulse. He describes the waves as the tidal and the dicrotic, the former preceding the latter, and being especially marked in pulses of high pressure like that of albuminuria. The tidal wave he attributes to the inertia of the sphygmograph, the dicrotic to the inertia of the arterial waves. He gives many tracings in support and illustration of his views. Mr. Archibald Liversidge describes the means he adopts for obtaining the amylolytic ferment of the pancreas, which consists in rendering the proteids of the gland insoluble with spirit, and then extracting the ferment with glycerine. On the addition of alcohol to the glycerine the ferment is precipitated. Dr. G. Thin gives an account of the microscopical structure of the tactile corpuscles, which he divides into two classes, the simple and the compound, the greater number belonging to the latter category. He believes it may be shown that each single corpuscle and each member of a compound corpuscle represents the termination of a *single medullated nerve fibre*. The paper is accompanied by two plates. Mr. Martin supplies some notes on the structure of the olfactory mucous membrane as seen in the newt and dog, though he has also examined the frog, rabbit, guinea-pig, and rat. A plate accompanies this paper also. Dr. Foster discusses the effects of a gradual rise of temperature on reflex actions in the frog. When a foot is immersed in warm water reflex contractions occur, but when the whole limb is immersed none occur; and this difference is attributed by Dr. Foster to the circumstance that in the latter case the excitability of the spinal cord is diminished by the heated blood carried from the skin to the cord. Dr. Garrod completes his paper on the Law which regulates the Frequency of the Pulse.

Mr. Parker gives a paper on the Morphological Elements of the Skull, which we hope is the commencement of a series. Mr. A. Dew-Smith contributes a paper on Double Nerve Stimulation, and a second on the Sugar-forming Substance in Penicillium. Dr. Watson supplies an anatomical account of various structures he has met with in the dissection of the Indian Elephant, especially the eye and throat; in the latter case explanatory of the power the animal possesses of abstracting water from a reservoir in the throat to deluge itself with when heated. Dr. Brunton communicates a short paper on the effects of the simultaneous poisoning of frogs by strychnia and nitrite of amyl, as compared with the separate action of each of these drugs. Dr. Davidson gives a historical and physiological account of the Madagascar ordeal-poison, the Tanghinia veninifera. Professor Struthers describes a case of subdivision of the scaphoid carpal bone, and another of rudimentary finger muscles found in a toothed whale. Dr. Hollis gives the results of his experiments on Tissue Metabolism, showing the artificial induction of structural changes in living organisms. Mr. Yule enters into a discussion in regard to the mechanism of opening and closing the Eustachian tube. Professor Turner gives some notes on a Bidental Skull of a Narwhal, and a paper on the Relations of Convolutions to Skull and Scalp. Finally, Professor Humphry gives some osteological notes on Man and the Orang. The reports on Anatomy and Physiology which accompany this part are singularly full and complete; and, altogether, it is an excellent number.

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*Kant's Theory of Ethics or Practical Philosophy.* Translated by THOMAS KINGSMILL ABBOTT, M.A., sometime Professor of Moral Philosophy in the University of Dublin. London: Longmans. 1873.

ALL that is necessary to the complete understanding of Kant's general theory of ethics may be learned from this volume. The three treatises of which it is made up have, in part at least, been already translated by the late Mr. Semple, of Edinburgh, whose publication, which appeared in 1836, was reprinted under the editorship of Professor Calderwood in 1869. Neither Mr. Semple nor his successor, however, had the requisite knowledge of the German language or of German philosophy for the task; and, indeed, the reprint was little creditable to the seat of learning from which it proceeded. Mr. Abbott is a scholar and thinker of a much superior stamp to either of his predecessors; and has already made himself a respectable name in psychology by his acute and unanswered criticisms of John Stuart Mill in the *North British Review*, and his able attempt to disprove the received or Berkleian theory of vision. Of his skill as a translator a favourable specimen may be seen at page 206, where his rendering of Kant's magnificent passage on "the starry heavens above, and the moral law within," has merits of its own, even after Sir William Hamilton's classical version.

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## OUR LIBRARY TABLE.

*Fanti and Ashanti.* By Captain H. BRACKENBURY, R.A., &c., and Captain G. L. HUYSCHE, Rifle Brigade. Blackwood and Sons. 1873.—This book comprehends the three papers read on board the steam-ship *Ambris*, on the voyage to the Gold Coast. It is mainly taken up with a consideration of the political circumstances that have led to the present war, with remarks on the topography of Ashantee, the habits and customs of the different tribes, and the present military position. Considering the adverse circumstances under which these papers were written, and the haste with which the information was got together, the book is creditable to the authors, and will prove interesting to medical officers and others who desire a short, readable account of the complications out of which our present little war arose.

*Transactions of the American Dental Association.* 1871-2.—These Transactions, while giving evidence here and there of good honest work, yet contain about the most intolerable twaddle it has ever been our lot to read. One gentleman (a M.D.) holds forth vigorously on the great problem of vitality. Among other things we learn that "We don't know what life is. We do know what death is. It is change of habitat of ghost. I wish we had some sepate or house of bishops to tabulate these concepts. The law of togetherness and apartness is the most primal concept of life. Hence a crystal belongs as legitimately to the sphere of life as any seraph that blazes before the throne." And so on for dreary pages.

*Infant Diet.* By A. JACOBI, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, New York. New York: G. P. Putnam.—The substance of the pamphlet under notice was lately read before the Public Health Association of New York. It contains a number of self-evident propositions, physiological and domestic, and appears as much designed for the nursery as for the practitioner. Like most American physicians, Dr. Jacobi gives condensed milk a high place in infant dietetics. There is nothing new in the pamphlet.

*The Practitioner* for December, 1873. London: Macmillan.—The December number of this periodical contains several interesting articles, and fully maintains its high reputation. Dr. W. R. Gowers has a good paper on "The Influence of Posture on Presystolic Cardiac Murmurs," and Dr. Sydney Ringer gives his notes of "Five Cases of Paracentesis Thoracis," while Dr. Anstie continues his "Remarks on Certain Recent Papers on the action of Alcohol." Under the heading of "Quixotic Etiology" the reviewer is severe on Dr. Cunningham's recent Cholera Report.

*On Limiting the Motion of the Chest in certain Lung Affections.* By JOHN MCCREA, M.A., M.D. Dublin: Falconer.—This is a reprint from the *Dublin Journal of Medical Sciences*. At a time when increased attention is given to the importance of rest as a means of cure in disease, the pamphlet may be read with advantage.

*An Introduction to the Study of Practical Histology.* By JAMES TYSON, M.D. London: Trübner.—This *brochure* is designed for beginners in microscopy. It will be found a simple and easy introduction to the study of practical histology.

*Inorganic Chemistry.* Adapted for Students in the Elementary Classes of the Science and Art Department. By Dr. W. B. KENSHEAD, F.R.A.S., F.G.S. London and Glasgow: Collins.—As shown on the title-page, this book was written for the special purpose of preparing pupils in chemistry for the Science and Art Department, South Kensington. Although somewhat restricted in its scope, it is clearly written and well arranged, and will probably become a popular text-book.

*The Preparation and Mounting of Microscopic Objects.* By THOMAS DAVIES. Second edition, greatly enlarged. Edited by JOHN MATTHEWS, M.D., F.R.M.S.—The medical practitioner and student who uses the microscope will learn in these pages the most approved methods of mounting and manipulating specimens. The book has been compiled with care, and is full of instructive information, imparted in an interesting and pleasant manner.

*The Post Office London Directory for* 1874. London: Kelly.—The seventy-fifth issue of this Directory is in every way an admirable production. The accuracy and completeness of the Directory are now so universally acknowledged that it needs no words from us to point out its merit. Its register of medical men practising in the metropolis is evidently collated with care, while the various hospitals are arranged on a new system.

THE LANCET.

LONDON: SATURDAY, DECEMBER 20, 1873.

THE motion respecting the Fellowship of the College of Surgeons, brought forward by Professor HUMPHRY at the last meeting of the Council of the College of Surgeons, seems to us one of a very extraordinary character. It proposed to admit members of the College of *two* years' standing—i. e., young men of the mature age of twenty-three—to the last test of professional knowledge open to them, and thus to remove all inducement to future study and investigation. What the precise object may be which Professor HUMPHRY had in view we are unable to say, though we cannot but suspect some occult reference to the University of Cambridge, whose interests are always so well represented by the learned professor; but his seconder, Mr. SOUTHAM, no doubt was anxious to ease matters for his country constituents by enabling them to pass through the ordeal whilst fresh from the schools. By the College charter it would be impossible for any Fellows to be *admitted* before they are twenty-five years of age; and there would therefore, we imagine, be very little gain in cases where the Fellowship is required as a qualification for hospital office.

It will be as well to trace the various steps by which the Fellowship has been lowered in its requirements from time to time. Originally all candidates were required either to pass an examination in Classics, Mathematics, and French or German, or to have been *twelve* years members of the College; and this necessity accounts for the comparatively low position on the register which some well-known surgeons hold. A degree in Arts was held to be an equivalent for the Classics and Mathematics, and a degree in Medicine exempted the candidate from an examination in Anatomy. Every candidate was required to have served the office of house-surgeon, and to have been six years in attendance upon hospital practice. Next, the Matriculation examination of the University of London was held to be equivalent to a degree in Arts, and the number of years of Membership for those who declined the Preliminary examination was reduced to eight. Then the Council determined to allow third-year's students to go up for the anatomical and physiological portion of the examination, and amalgamated the Preliminary examination for the Fellowship and Membership; so that a successful candidate for the latter might take up an additional subject or two when he chose, and be qualified to go in for the Anatomical examination at the end of his third winter. The office of house-surgeon is no longer insisted upon, but is made alternative with a dressership (now required for the Membership), and the period of hospital practice is reduced to four years, though six years' attendance at a medical school is still required; but a degree in Medicine no longer exempts from the Anatomical examination. Candidates who began their studies after October, 1870, have of course to meet the extra requirements then laid down for the Membership, and have in addition to produce a certificate of a course of operations on the dead body.

The result of this legislation has been that students, having first taken up the extra subject or two required for the preliminary Fellowship examination, pass the anatomical and physiological examination for the Membership in their second year; and then, instead of devoting their remaining two years to practical work, find an excuse for hanging about the dissecting-room for another winter on the score of the "primary Fellowship." Some go up, and, being no better prepared than they were a year before, are deservedly plucked; but many give up at the last moment, and then endeavour to obtain the whole of their practical knowledge of Medicine and Surgery in one year, with what effect may be easily imagined. The old system, which required a fully blown member of the College to keep up or get up anew a knowledge of Anatomy until he was eligible for the Fellowship, was good, for it kept young men about the hospitals gaining knowledge and experience; but the present system encourages even the industrious pupil to throw aside Anatomy for ever at the end of his third year! What the effect of Professor HUMPHRY'S suggestion would have been it is easy to predict, for it would then have been open to any newly fledged member to present himself for the Fellowship without any of that extended experience of the practice of surgery which it was the object of the original framers of the College charter to secure, by making the age of the candidate twenty-five and the period of hospital practice six years.

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IT may be fairly asked whether something like the attainable limits of even conservative surgery have not now been reached. Within the last few years mild and compromising measures have been successfully substituted for bold and radical operations: limbs formerly condemned have been saved by the comparatively small sacrifice of a joint, and cases which in the opinion of the older surgeons would have been considered hopeless are now treated with the confident assumption of a prospect of recovery. Quite recently surgical conservatism has gained still greater conquests; for by the adoption of a method of operating for which we are chiefly indebted to the active intelligence of Professor ESMARCH, a joint may now be excised, or even a limb removed, with little more than the mere sight of blood. During the present year, also, another method of performing bloodless operations has been revived by Professor DITTEL, who has removed large tumours, and even amputated the thigh, by means of gradual strangulation by an elastic ligature. What will be the verdict finally passed on these procedures, time alone will show; but, so far, it appears that the exsanguination of a limb before operation is so simple, and in many cases so advantageous, that it must become a constant and universal practice. It is doubtful, however, whether the second plan of operating will find favour with the majority of practical surgeons. It is evident that, before it receives full recognition, its pretensions must be more clearly defined, and its powers more accurately determined. It is difficult to imagine that the excision of a breast or the amputation of a limb by the tedious process of strangulation will be generally preferred to the more

certain and more speedy use of the knife. But for the removal of small growths, or for the removal of tumours in situations too dangerous for the employment of a cutting instrument, a strangulating ligature may prove to be of the greatest service, and free from danger.

Intimately associated with the subject of bloodless operations is that of the arrest of primary arterial hæmorrhage. Practically, four methods are in use—namely, ligature by whipcord or silk, ligature by catgut or other animal substance, torsion, and acupressure. Much has been said by advocates and opponents for and against each of these methods. Some, firmly wedded to this plan or to that, will never allow any merit to a rival. The question at issue, however, is not solely the arrest of the hæmorrhage, but includes also the subject of the primary union of wounds. It has been asserted that the ordinary ligature, which is acknowledged on all hands to be a most efficient mode of securing a bleeding vessel, is attended with the serious disadvantages that many days must elapse before its separation, and that the irritating thread and the distal fragment of the ligatured vessel by their presence act as foreign bodies to prevent the speedy union of the wound, and thereby increase the dangers of secondary hæmorrhage and other disastrous results of operation. On the other hand, the advocates of the use of a ligature made of some animal substance, and the advocates of torsion or of acupressure, have each alleged that these evils do not occur with the employment of their favourite method. The reintroduction of ligatures made of some animal substance said to be capable of absorption, and the use of torsion of arteries, are mainly due to the efforts of those who practise antiseptic surgery; who argue that when the vessel is secured with a substance such as catgut, the ligature becomes organised and incorporated with the surrounding tissues, so that no dead fragment is left in the wound to retard its union.

A similar advantage has been claimed for the torsion of bleeding vessels. The principles of torsion are based on a knowledge of the anatomy and physiology of arteries. The arteries contain in their walls a muscular tissue, which contracts and retracts whenever the vessel is divided, the more so if it is rudely lacerated. This muscular tissue, which exists proportionately in the greatest degree in the small vessels and in a smaller degree in the large ones, is ruptured when an artery is twisted. But the unequal distribution of muscular tissue is a serious objection to the exclusive application of torsion. Another objection is to be found in the fact that the arteries are liable to be extensively diseased, so that the muscular tissue is changed or degenerated in such a manner that it no longer fulfils its normal functions. If, therefore, arteries so affected be twisted, there is a danger lest the process necessary for the temporary and permanent closure of the vessels shall not take place. Torsion is, moreover, not adapted for cases where the artery cannot be sufficiently withdrawn to allow of free twisting, and is useless where hæmorrhage occurs from the side of one vessel, as when a branch has been divided close to the trunk. It appears, therefore, that torsion requires for its complete and safe employment a healthy subject, sound arteries, good instruments, and a persevering operator whose acuteness of vision is very great, for the difficulties of torsion are largely increased if the sight be at all defective; it will, indeed, generally be found that, as surgeons advance in years and become presbyopic, they discard torsion for the more simple procedure of the ligature. While, then, the principles of torsion are, that by twisting the vessel the muscular coat is ruptured and becomes contracted, and that its roughened edges act as foreign bodies, which whip out the fibrin, and on which lymph is subsequently deposited, it seems practically to be a matter of small importance whether the end of the vessel is twisted off, or whether only a few turns are made. But the question in dispute is whether the bruised and twisted end sloughs off or retains its vitality. The truth is, that much depends on the size of the vessel and the manner in which torsion is performed, for if the piece have not been severely bruised it may preserve its vitality; but if it have been twisted too frequently, or if the tissue be much broken, there can be no doubt that the end does often slough off and act as a foreign body.

Notwithstanding the strenuous advocacy of its ingenious originator, acupressure has not gained much favour with English surgeons, and it may indeed be fairly doubted whether it is a means deserving of implicit confidence. There is no proof that the use of the needle produces division of the muscular coats, which experiment and experience have shown to be a very important factor. It is no proof to say that it is frequently successful, for at least it is liable to failure for the reason just stated; and it is not safer than the ligature or torsion, over which it cannot truly be said to possess any advantage sufficiently great to compensate for the risk incurred by its use.

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THE Ashantee war of 1873 is but a development of that beginning in 1863. It was then that Governor PINE so strongly urged that an expedition, with European troops for its backbone, should be undertaken to Coomassie, and, as the special correspondent of *The Times* has remarked, thousands of lives would have been saved if this suggestion had been acted upon. Such is the irony of fate that Mr. CARDWELL has now to adopt a policy which he opposed ten years ago, when Lord PALMERSTON was in power.

The accounts furnished by the different special correspondents on the Gold Coast of the topographical features of that country and the characteristics of its native tribes only serve to show how accurate and graphic are the narratives of some previous explorers. To read, for example, the descriptions given to-day of the forest scenery and luxuriant vegetation, of the intertwining creepers, ferns and grasses, that the troops encountered on their marches, forcibly reminds us of the vivid pictures contained in BOWDICH'S Narrative of the Mission to Ashantee in 1817. Then, as now, there was the past history of Ashantee raids and invasions, by which the greatest miseries were inflicted on the Fantees. They were then the cowardly race they now are. Few were slain in battle, for they rarely dared to encounter the invaders; but they were dragged off in thousands into the interior to be sacrificed to the superstitions of the conquerors. Famines, unmitigated by labour, succeeded the wide wasting of the Fantee territory. Then, as now, the reluctance of the carriers who had been pressed into the service of the Mission early became almost insuperable. Spite

of the miseries of their existence, the indolence and jealousy of the Fantee tribes soon became apparent, and desertion succeeded desertion. Whether it be due to the original want of the proper physical qualities, or to the long periods of oppression and tyranny to which they have been subjected by their Ashantee foes, the Fantees, at best a feeble race, are now among the most indolent, timid, and useless of the African tribes. Utterly unfit for soldiers, they seem even incapable of becoming bipeds of burden, and on the first "scare"—and no one knows when or where this may take place—they drop everything and run. Our prospects of organising anything like an efficient native transport out of these materials are far from promising; and it is needless to add that transport of some kind is one of the first and most essential requirements, as well as one of the great difficulties, of this expedition. We learn that the plan of the campaign appears to be developing itself very much after the fashion we have before indicated. From the base of operations on the seaboard roads have already been made or widened; military stations are being provided, at intervals along the route, with rude but efficient huts made of split bamboos, or what is known as "wattle and daub." These will afford the troops the necessary shelter and opportunity for replenishing their supplies as they push on; while what may be termed the return-sick of the force will equally avail themselves of these resting places on their way to the hospitals at Cape Coast Castle, there to await their embarkation on board the *Victor Emanuel* and other vessels. Mansuh and Prahsuh, being both important places, will probably be garrisoned and provided with hospitals; but the march beyond the Prah must be to some extent "a leap in the dark"; and it is this part of the expedition which must necessarily tax the powers of the military, medical, and commissariat heads to the utmost. The operations must be limited to the dry season, otherwise the loss of life and inefficiency from fevers and dysentery will be large. Our action must, therefore, be short, sharp, and decisive. The so-called "seasoning fever" gives no immunity from future attacks. It is to be regarded as the first hint, which is sure to be sooner or later repeated, and the gravity increases rather than diminishes with the number of such attacks. Happily, recent experience has now proved the correctness of our surmise, that the more elevated regions of the interior are cooler and healthier than those of the seaboard. The marines and troops garrisoning the redoubts are far healthier than those on the coast or on shipboard. It is clear, from the large number of canvas cots sent out to the Coast, that the medical officers are going to utilise these to a great extent for the transport and accommodation of the sick. We are glad to learn that the Medical Service was on its guard against the introduction of yellow fever into Cape Coast from the ports to the eastward. A quarantine ordinance was passed in October, and is still in force. The introduction of yellow fever amongst the Europeans would prove a very grave complication; and no pains will be spared, we may be assured, to guard against such a contingency. Small-pox had been extremely prevalent among the natives; but the West Indian troops, owing to the efficient state of their vaccination, have not contracted the disease. Mild attacks of fever are as common in that country as "colds" are in this, with here and there examples of a severe form of bilious remittent fever; and cases of dysentery had been of late somewhat more prevalent. By the latest accounts much sickness prevailed; and this need cause no surprise considering that the forces recently operating on shore had undergone great fatigue and been exposed to long marches in a burning sun. As so often happens, sickness began to manifest itself during the period of inaction following the arduous military operations. As far as we can learn, the military doctors are prepared to expect a large sick-list from causes producing temporary ineffectiveness; but they consider that we may reasonably hope the mortality will be relatively small if the force can be quickly pushed up country. Supposing the expeditionary force to escape epidemic disease—such as yellow fever, for example,—we must still expect a certain, but comparatively small, death-rate from the pernicious type of remittent fever, and a certain amount of loss by invaliding.

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AT the Comitia held at the Royal College of Physicians on Saturday last the major part of the business transacted was of a routine character. Towards the end of the meeting, however, Dr. ANSTIE gave notice of a motion which he proposes to bring forward at the next Comitia (in January), and which was so far unusual that he felt it necessary to explain the circumstances under which it was presented to the College. The motion is, that the College shall petition the Premier to provide some remedy for the great and increasing overcrowding of the population in the metropolis; and the circumstances under which this is proposed are as follows. A sub-committee of the Charity Organisation Society has just reported (under the able chairmanship of Lord NAPIER and ETTRICK) upon the causes and conditions of this notorious and grave evil; and by this and by independent inquiries it is made clear that a very large part of the blame must rest upon railway companies and upon the Corporation of London, who have during the last few years destroyed multitudes of poor habitations without making any considerable effort to supply their place. This conduct, for which it is difficult to find words of reprehension that are strong enough, can never be effectually checked, nor a true remedy provided, until some effective legal authority is established which shall have the power to supervise all so-called "improvement" schemes, and to insist upon the carrying out of compensatory building before allowing existing habitations of the poor to be destroyed. We believe that the intention of the Charity Organisation Society is to petition for the legal establishment of such a committee under the Corporation of London and the Board of Works jointly; and the College of Physicians will be moved to petition in a similar sense. Dr. ANSTIE was able to state that he had the sanction of the President for bringing the matter before the College; and we believe that Dr. BURROWS is personally very warmly interested in abating the really serious mischief inflicted on our poor population by overcrowding. We hope that the Fellows, at the next Comitia, will unanimously agree to petition the Government upon this subject, which is one, assuredly, that should appeal to the sympathies of every medical practitioner who knows

the poor and their troubles and diseases. It is high time that upon such questions the profession should make its voice heard in the most authoritative manner which can be devised.

# Medical Annotations.

"Ne quid nimis."

## INFANT MORTALITY.

FROM a local newspaper report of a lecture delivered lately at Birkenhead, by Dr. E. Lankester, on the Laws of Life and Health, we glean a few facts which are certainly new to us, and not a little surprising withal. The lecturer is reported to have said that "Thirty-six per cent. of the children born in England died before they were one year old," which, if true, would certainly indicate to our minds something more than a mere "want of proper care on the part of their parents." We have too often adverted to the subject not to be painfully aware of a great waste of infant life in this country, but Dr. Lankester's statement was so amazing that we somewhat anxiously turned to the Registrar-General's reports to test its accuracy. And here is the result. In the year 1871 there were registered in England and Wales 797,428 births and 514,879 deaths, including 125,868 of infants under one completed year of age; the proportion of the children born in that year who died before they were one year old was therefore *sixteen per cent.*, or less than half of what Dr. Lankester stated it to be. Furthermore, the English Life-table, which is based on the registration returns extending over seventeen years, gives a proportion of 15 infants dying to 100 births registered; so there can be no question that Dr. Lankester is grievously in error. Even if he had meant to speak of the proportion of infantile to the total deaths—quite a different matter—he would still be wrong, for that proportion does not amount to 25 per cent. on an average of years for the whole of England. Another statement which he appears to have made we can find no authority for in the death-returns—namely, that "3000 children were actually suffocated in bed in England during every year." If that be so, all we can say is that the Registrar-General gives no warrant for believing it, inasmuch as the number of deaths recorded from "suffocation" in any year since 1858 has not exceeded 1504. Dr. Lankester, in his praiseworthy zeal for checking infanticide in all its forms, should not be tempted to speak but according to knowledge. Statistics have more than once proved his weak point, and we advise him to deal in future more cautiously with a weapon so dangerous in unskilled hands. Is he prepared with any evidence to prove that "70 per cent. of suicides are accounted for by want of sleep"; or that "in England at least 200,000 to 250,000 persons die yearly before there is any necessity, owing to the fact that they break the laws of life and health"? We trow not.

## THE TREATMENT OF ANEURISM.

THE paper read by Mr. Jolliffe Tufnell at the Royal Medical and Chirurgical Society, and the discussion which followed, will be noted with interest by every practitioner, since all may meet with cases of aneurism. That rest and careful dieting tend to retard the progress of internal aneurisms has long been known, but it is something new, at least in these days, to find this treatment relied on solely for the cure of both external and internal aneurisms. The employment of rest and low diet formed, as is well known, a great feature in the treatment advocated by Valsalva, who, in addition, used venesection largely to reduce the action of the heart and the quantity of blood in active circulation. He believed that he cured many aneurisms by this method, but the proof of post-mortem examination is wanting in most of his cases. Other surgeons who adopted his practice have been less satisfied with the method, and physiologists have declared that starvation and reduction of the patient tended to diminish rather than increase the quantity of the fibrine in the blood, by the deposit of which a cure is sought. Still in Mr. Hodgson's classical work on "Diseases of the Arteries" several cases are recorded in which the utility and efficacy of a debilitating plan of treatment are illustrated, and modern physicians and surgeons have to a limited extent followed the plan for aneurism of the aorta and the great vessels of the trunk.

We fancy the whole pith of the matter is put very tersely in a short addendum by Mr. Erichsen to Samuel Cooper's article on "Aneurism," which is as follows:—

"Aneurisms occur in connexion with two distinct constitutional conditions that require different methods of treatment. 1. When occurring in robust and plethoric individuals the object should be to reduce the hyperæmic condition, and thus to lessen the dilatation of and the pressure upon the arteries. This may be effected by rest in bed, the avoidance of all stimuli, and the gradual diminution in the quantity of animal food that is given, with the occasional administration of a purge, and perhaps the employment of small bleedings from time to time. The diet recommended by Dr. Bellingham, consisting of two ounces of bread and butter for breakfast, two ounces of bread and the same quantity of meat for dinner, and two ounces of bread for supper, with a little milk and water, is perhaps the best on which patients of this class can be placed. 2. When aneurism occurs in feeble, cachectic, or anæmic individuals, the object is to improve the plasticity of the blood at the same time that the irritability of the heart is lessened. This is usually best effected by putting them on a dry diet and by the administration of opiates and of iron. In all cases bodily exertion and mental excitement must be carefully avoided."

## CONTAGION IN SCHOOLS.

THE medical officer of health for Wigan, in commenting on the spread of scarlatina in that town, expresses an opinion that much of it is due to the carelessness of parents in not withdrawing their children from school when the disease has been in the house. Hence the children, though apparently healthy themselves, may have acted as the carriers of contagion without any knowledge, probably, on the part of the school authorities. We believe this complaint to apply not only to Wigan, but generally throughout the country, for it is extraordinary how callous those already suffering from contagious disease become with regard to its transmission. Doctors' families even are by no means exempt from the charge, for we have known a small day-school consisting almost entirely of the children of medical men, from which chicken-pox, measles, and scarlatina were contracted within a very few months.

Schools, however, are not the sole foci of contagion, for we believe if carelessness is exhibited occasionally with regard to schools, it is much more frequent in respect of churches, to which the members of an infected household appear to have no scruple in resorting. Clearly no place could be better suited for the spread of a contagious disorder than the close, overcrowded buildings which for the most part are used as places of worship; and we think those who are infected would better show their Christian charity by their absence than their presence among their unsuspecting brethren.

Another source of contagion is, we have no doubt, to be found in the books of a circulating library. It is perfectly shocking to see the indifference with which library books

are introduced into the sick room—often into the bed—of a patient suffering from measles or scarlatina. Some persons may salve their consciences by putting a book before the fire to roast it before it is returned, but the majority are too indolent even for this, and are content to let things take their chance, since "what the eye does not see the heart does not rue." Is it wonderful, then, that disease spreads and that what is really man's carelessness comes to be looked upon as God's providence?

## THE CLINICAL SOCIETY.

THE members of this Society assembled in great force on the evening of Friday, the 12th inst., for the list of papers contained several subjects and cases of special clinical interest. Mr. C. G. Wheelhouse, of Leeds, read very carefully compiled notes of a case of aneurism of the external iliac artery cured by pressure with Lister's abdominal tourniquet. The merits and demerits of the various forms of treatment practised for the cure of aneurisms generally were very actively discussed, Mr. Bryant, Dr. Moxon, Mr. Barnard Holt, Mr. Timothy Holmes, Mr. Durham, Mr. Callender, and Mr. Warrington Haward taking part in the debate. A somewhat sarcastic inquiry by Dr. Moxon as to what we were to "expect" from the "expectant" treatment was briefly but very completely disposed of by Mr. Holmes and Mr. Wheelhouse, and the former criticised sharply the dictum of Mr. Durham as to the proper place at which to apply pressure to the abdominal aorta. The drift of the discussion (which will be found in another column) tended to show that the treatment by pressure was "risky," and that patients to whom it was applied did, to quote from one of the speakers, occasionally "succumb." A most interesting and, as far as we know, unique case was shown by Mr. Brudenell Carter, the subject of which has sarcoma of both irides. Mr. Carter had operated upon one eye, and a microscopic examination by Mr. Warrington Haward of the substance removed (also exhibited to the Society) left no doubt as to the nature of the disease. Mr. Carter asked the opinion of the Society as to the proper course to pursue in future in this case; but unfortunately, as the evening was then far advanced, no discussion ensued.

## AFFAIRS AT THE GOLD COAST.

SIR GARNET WOLSELEY'S attack was evidently more severe than we had been led to anticipate from the telegram. Sir Garnet and his staff, besides having undergone an excessive amount of physical fatigue and exposure, have had all the trouble of organising and drilling our native allies, with the annoyance of discovering the utter futility of their efforts in this direction. Sir Garnet, after having been much exposed to a burning sun, was attacked with symptoms of what is commonly known as "ardent fever." He is understood to have been liable to headaches ever since his service in India, where he got, in the language common among military officers, "touched by the sun." Happily, the febrile attack he recently contracted on the Gold Coast, although sharp and perfectly disabling while it lasted, has passed off, and the gallant General is understood to be now quite convalescent. Considering how much depends upon Sir Garnet and his staff, we hope the doctors will do their best, on sanitary grounds, to keep them on shipboard until the European force has landed, and their presence on shore is absolutely required. The health of the small bodies of men constituting the garrisons of the redoubts inland is very good, and the temperature, even at the slight elevation of four or five hundred feet, is said to be cool compared with that on the coast.

## ENTERTAINMENTS IN WORKHOUSES.

WE should like to see all workhouse medical officers follow the excellent example which has just been set by the surgeon of the St. James's, Westminster, Workhouse. On Tuesday evening, December 9th, Dr. Rogers delivered an interesting lecture "On Sound and the Ear," to an audience which included between 300 and 400 convalescent, infirm, and other inmates of the house, besides a number of the guardians and their families and friends. After the lecture a very admirable musical entertainment was given by a number of unusually accomplished amateurs, assisted by one or two eminent professional musicians. The delight of the poor inmates at such a break in their monotonous existence was very pleasing. There are various other reasons, besides the mere amusement of these poor creatures, which strongly recommend the practice of giving such entertainments from time to time in our workhouses. They draw together in kindly feeling all parties concerned in the working and governing of the establishments, and they especially afford the medical officer a legitimate opportunity of showing himself as something more and higher than a mere routine prescriber of medicine for paupers. There are plenty of scientific subjects which, when skilfully popularised, may be made the means of arousing interest even in the dullest and most broken-spirited people; and it must be remembered that our workhouses contain considerable numbers of persons whose original education was excellent, and whose intellects languish painfully when deprived of everything that could afford them nutriment.

## THE LATE OUTBREAK OF CHOLERA AT SINGAPORE.

WE have ascertained some particulars that may prove interesting to our readers in reference to the late outbreak of cholera at Singapore, to which we have already alluded. The disease prevailed in an epidemic form among the civil population between July and September of the present year. Three fatal cases took place about ten days before the 14th July, when several cases occurred in the lunatic asylum, which is three miles distant from the landing place for shipping. The epidemic gradually spread in a south-eastern direction across the station and river, attacking a great number of coolies and others inhabiting the vicinity of the quays. Between the 5th and 18th of August upwards of 260 cases were reported, with close upon 100 deaths. It was supposed, but it has not been proved, that the disease was introduced from Dangkok, where it had been raging in June and July, and is said in that time to have caused upwards of 6000 deaths there. A family of Europeans, one member of which had been carried off by cholera at Bangkok, left Siam and arrived at Singapore on the 2nd July, and a death from cholera had occurred on board the ship bringing them; but no connexion, it is alleged, could be traced between this occurrence and the subsequent cases at Singapore.

## THE POLICE AS INSPECTORS OF NUISANCES.

WE are happy to state that the Home Secretary has "put his foot down" very firmly upon the appointment of policemen as inspectors of nuisances. The ground of the interference with this occasional phase of a policeman's work is the belief that the nature and extent of the duties imposed upon inspectors of nuisances by the Sanitary Acts are likely to interfere with the discharge of a policeman's proper functions, and that it is otherwise inexpedient. Another ground for putting an end to this occasional double function of policeman and inspector of nuisances the Home Secretary may or may not have known—namely, the in-

efficiency of policemen as inspectors of nuisances. We have long known that the policeman's duties are quite incompatible with a proper performance of the inspector of nuisances' duties. We now know that the duty of inspecting nuisances is incompatible with a policeman's functions. Under these circumstances, therefore, we are glad to learn, from a circular addressed to the chief constables of counties, that "the inspection of nuisances will not be recognised as a police duty," and that all provisions contained in any previous circular issued from the Home Office sanctioning the employment of the police as inspectors of nuisances are cancelled, and all police officers now acting as inspectors of nuisances are required to discontinue so to act after the 31st of December.

## SIR DOMINIC CORRIGAN AND SUNDAY CLOSING.

IT is gratifying to feel that in the medical profession there are men sufficiently magnanimous to free themselves of influences of class and caste, and who constantly exert themselves for the public interest. Sir Dominic Corrigan, M.P., although a jealous defender of medical rights, has always shown himself to be desirous of increasing the general good and of heightening the national morality.

In Dublin last week Sir Dominic announced his determination to bring in his Bill again next session for the closing of all public-houses from Saturday night till Monday morning. It is, of course, easy to bring numerous plausible objections against such a measure, but it cannot be denied that the opening of public-houses on Sunday for the purposes of drinking only is unnecessary and even a serious evil and a scandal. As it is, large numbers of the lower orders have no higher interest on the Sunday than the opening and closing of the public-houses. No rational amusement or employment now engages their attention, whereas if their favourite haunts were closed they would have to seek other means to wile away their time. Whatever might be their new pleasure, it is certain that it could not be worse than the drinking and rioting now so commonly practised.

## A PROFESSIONAL DANGER.

A RECENT trial in the Divorce Court illustrates one of the dangers to which members of the medical profession are liable. A woollen manufacturer at Dursley charged his wife with adultery with a highly respectable medical practitioner named Leonard, who denied *in toto* the criminal charge, and showed that his visits had been simply of a professional character, with the result that the jury stopped the case and the husband had to pay Mr. Leonard's costs. We congratulate Mr. Leonard on the highly satisfactory result, but we cannot hide from ourselves that medical men are especially liable to charges of this kind, which they may not be able so satisfactorily to rebut on all occasions. No doubt a foolish woman may cause a jealous husband much anxiety by the pertinacity with which she insists upon having frequent visits from a favourite doctor, and at hours when her husband is from home. A doctor cannot be too vigilant in restricting the duration and frequency of his attendances as much as possible under such circumstances, and will be wise if he take care occasionally to inform the husband of his intended visits. Some women cannot live without an intrigue, if it be only to procure a new bonnet or a ticket for a ball, and the most platonic and professional attendance of a middle-aged medical man may be warmed up into a romance in the brain of a foolish novel-reading woman with no family cares. Some doctors again are, we fear, terrible gossips, and love to hear and retail all the news of their little world with a lively and possibly good-looking patient. We warn them that they may some day find themselves landed in the Divorce Court most unjustly, but still harmfully if it cannot be proved, as satisfactorily as it was in Mr. Leonard's case, that their attendance has been strictly professional, and that its duration has been strictly limited.

## KILLED AND WOUNDED BY MACHINERY.

A TERRIBLE list is that comprised in the return of deaths and injuries in factories for the half-year ended April 30th last. The tale of slaughter and maiming reads like a record of the results of a fierce and sanguinary struggle on the battle-field, and is a grim satire on the proverbially gentle arts of peace. Within the period mentioned 162 persons were killed in factories, 491 were so much injured as to necessitate the amputation of a limb or part of a limb, 390 received fractures of one sort or another, 257 were wounded more or less seriously in the head or face, and there were 2340 instances of injury of a less grave nature, such as lacerations, contusions, &c.; in all 3640 casualties in places of industry in six months! With regard to the causes of this sad catalogue of disasters we have one remark to make. While admitting the probability of the great bulk of them being due to carelessness on the part of the victims themselves, we must confess to a fear, justified by some amount of personal knowledge, that for this very carelessness, with its lamentable consequences, employers are in many instances chiefly responsible, in that they place the working of rapidly-moving and dangerous machinery in the hands of persons incompetent by reason of youth or inexperience, from whom the exhibition of much caution is not to be expected. Evidently there is need for the exercise of more conscientiousness in the process of manufacture of other articles besides those of food and drink.

## HEALTH OF MILITARY CADETS.

THE report of the Board of Visitors appointed for the year 1872 to inspect the Military Academy, Woolwich, gives a favourable account of the sanitary condition of the Academy. The general health of the cadets is decidedly good. The admission to hospital from all causes during 1871 amounted to 103, with a daily average in the hospital of 2. This shows a decrease on the mean of the last five years, which amounted to 155, with a daily average of more than 3. During the first four months of the present year there have been admitted 43. Of these many are cases of injuries arising from accidents at football, gymnastics, &c. The most frequent cause of admission is sore-throat, attributed by the medical officer mainly to the exposure consequent on the cadet having to pass across the open back-yard to and from the bath-rooms. During the year 1871 the admissions from zymotic diseases were 2; in 1872, up to the date of the report, 0. During the year 1871 the admissions from enthetic diseases were 4; in 1872, 1; the number of cadets being 180. The arrangements of the hospital are stated to be very satisfactory, and the accommodation sufficient.

## THE RISKS OF POOR-LAW DOCTORS.

THE medical officers of the South Dublin City Dispensaries are about memorialising the Board of Poor-law Guardians for a more substantial recognition of the trying duties they perform and the great risks they run in attending to the classes at present in receipt of dispensary medical relief. That these gentlemen encounter risks of no ordinary kind is manifest from the fact that during the last eight years they have suffered severely, no less than five out of fourteen having died. Our readers will at once recognise in this extraordinary high rate of mortality risks of unusual magni-

tude, when they consider that the medical officers were almost wholly men in the prime of life. But this is not all, for they are not unfrequently obliged to relinquish all occupation through illness or the effects of exposure to contagion and overwork, and thus incur serious losses. We are informed that within the last few weeks two gentlemen have been invalided and obliged to obtain sick-leave, the second, who had been appointed to do the duty of the first, having also sickened, his ailment being enteric fever. We hope that we may not have occasion to enter more fully into this question, which is one not only of justice to the medical men and their families, but of great moment to the public interest.

## THE LAST EXPEDITION TO THE PRAH.

IN the last expedition against the King of Ashantee, undertaken in December, 1863, after the Home Government had declined to afford the English force required by Governor Pine, the causes of the disastrous amount of sickness and loss of life may be very readily explained. Some companies of West India troops were marched to Prahsuh, and they encamped on the banks of the Prah under shelter tents. Up to the beginning of the following March the men enjoyed a fair amount of health; but the rains set in early, the unfortunate soldiers were encamped on the sodden ground without the possibility of carrying out their engineering and field works, and they had salt rations. Black troops suffer quite as much as, if not more than, English soldiers from fevers, dysentery, and pulmonary affections in a climate like that of the Gold Coast. The sickness became enormous, and the force was not entirely withdrawn until the 13th of June, after having been five months—three of which were in the rainy season—encamped on the banks of the river. There cannot be a shadow of doubt, we think, that if the European force sent to the Gold Coast were placed under similar conditions, the like results would follow; but no experiment of this kind is, we imagine, ever likely to be made.

## PROFESSOR AGASSIZ.

WE regret to have to announce the death of Professor Agassiz, at New York, in the sixty-seventh year of his age. Educated for the medical profession at Zurich, Heidelberg, and Munich, he soon showed his predilection for natural history, to the literature of which he contributed largely during his lifetime. In 1838 he was elected Professor of Natural History at Neufchâtel—an appointment he held until 1847, when he emigrated to America, where, in the University of Cambridge, Boston, he obtained a similar professorship. In 1852 he accepted the chair of Comparative Anatomy in the Charleston Medical College, which, however, he held for only a short time. We shall next week give an account of his more important contributions and publications.

## JOHN HOWARD.

THE President of the Statistical Society has at length succeeded in gaining an object long dear to his heart. Those who attended his lectures on Public Health in King's College cannot have forgotten the glowing eulogy of John Howard, who formed the subject of the final lecture. Prof. Guy followed up his tribute to the great philanthropist by suggesting in *The Times* the celebrating of John Howard's centenary—a suggestion which was warmly espoused by many publicists, notably by Mr. G. A. Sala, in a brilliant paper on the subject. It seems, however, to have fallen through; only to be followed by another, and this time a successful, attempt on the part of Prof. Guy to carry out the desired memorial. He has obtained the sanction of the Council of the Statistical Society to establish a "Howard Medal," thereby asserting his claim to be as much a statist as a philanthropist. The medal will be awarded every year to the author of the best essay on a social subject, giving the preference to those in which Howard himself was most interested. For the session 1873-4 (the centenaries of Howard's commencement of his work and parliamentary triumph) the subject of the essay will be, "The State of Prisons and the Condition and Treatment of Prisoners in the Prisons of England and Wales during the last Half of the Eighteenth Century as set forth in Howard's 'State of Prisons' and his work on 'Lazarettos.'" The announcement comes opportunely at a season consecrated to peace on earth and goodwill towards men. But we hope the movement for the commemoration of Howard will not slacken till it has culminated, at one or other of our seats of learning, in a "Howard Chair of State Medicine."

## THE DISTRICTS AND SALARIES OF MEDICAL OFFICERS OF HEALTH.

WE have received several requests, in view of the approaching termination of the period of one year for which many medical officers of health were appointed under the Public Health Act, 1872, to advise as to what constitutes a reasonable district and salary for a medical officer of health. To the present time these appointments have been made on no principle whatever (unless chance-medley is to be dignified as a principle), as has been abundantly shown in the lists of appointments, districts, and salaries which have now for several months been published in THE LANCET. Indeed, the main features of these lists, enumerated in our impression of May 31st, 1873, still holds good. The time has now come when we think that the questions raised by our correspondents might be very usefully dealt with, in the light of the experience of the past eighteen months, by the Association of Medical Officers of Health. We commend this suggestion to the president and secretaries of the Association, and we would urge upon medical officers of health the importance of strengthening this society.

## HOSPITAL SUNDAY.

THE sum of the Hospital Sunday fund for the counties of Cumberland and Westmoreland exceeds that of last year by £71 14*s.* 5*d.* The total amount was £814 15*s.* 2*d.* The institutions benefited are as follows:—The Cumberland Infirmary, £304 14*s.*; the Carlisle Dispensary, £114 17*s.*; Carlisle Fever Hospital, £101 9*s.* 7*d.*; Convalescent Institution at Silloth, £131 7*s.* 7½*d.*; Whitehaven and West Cumberland Infirmary, £146 11*s.* 3*d.*

It is proposed to have a Hospital Sunday in Dublin. It will be a grand thing when the rival sects of the capital of Ireland forget their differences, and compete with one another in giving the best collections. Some timid friends are afraid of the effect on subscriptions, but this fear has been shown to be groundless and should be abandoned.

## LADIES IN THE OPERATING THEATRE.

THE question of admitting lady medical students to the operating theatre of the Edinburgh Royal Infirmary has, we are thankful to see, been answered in the negative by a majority of the authorities of the institution. Let things be managed as decently and orderly as possible, and there will yet be occasionally sights and sounds in an operating theatre which it would be most embarrassing for the males present to witness in the presence of female associates. The question is altogether different from that of the presence of nurses, for these stand in the background and are not supposed to see anything of, or to take any

critical interest in, the operation in hand. The surgeon must possess both *robur et as triplex* who could perform a lithotomy and explain the proceeding before a mixed assemblage of young ladies and gentlemen; and the professional fate of the only surgeon we ever knew who seemed to see no distinction between the sexes, judging from his clinical remarks made before a mixed class, was not such as to encourage others to imitate his example.

## STRANGE NEGLECT OF A FEVER PATIENT.

A REMARKABLE instance of neglect has recently occurred at the Knutsford Workhouse. On the 22nd ult. a patient suffering from fever was brought to the workhouse in the workhouse van. The van having reached its destination, the patient contained in it was altogether forgotten for several hours of the night, and was left in the vehicle. The patient lived but a short time after this extraordinary oversight had been discovered. An inquiry into the facts of the case has been instituted by the guardians, and has ended in the suspension of the master, the dismissal of the porter, and the nurse being called upon to resign. Immediately after the inquiry the porter was arrested, and a charge of manslaughter will be preferred against both this man and the master.

## MEDICAL RELIEF AT GUILDFORD.

BEING asked for explanations in reference to his orders for medical relief in a certain case, Mr. Henry Taylor has written to the board drawing attention to the inefficiency of the present system of allowing nourishment to the out-door sick. The case, in which the guardians undertook to stop the extras ordered by Mr. Taylor, and in spite of a certificate from him stating that they were still required, was that of the wife of a labourer, earning 15*s.* a week, and having a family of four children, who had had a severe and protracted illness. He gives other pointed instances. It is very short-sighted policy on the part of the guardians to stop supplies of food in such cases. They prolong disease, and it is not clear that they are not chargable in some cases with its fatal termination. Medical officers should not shrink from doing what they think right, and defending it boldly.

## THE VENTNOR HOSPITAL FOR CONSUMPTION.

ON Saturday last the Bishop of Winchester opened the newly-erected chapel for the use of the patients of the excellent institution at Ventnor. Henry Thompson, Esq., of Mincing-lane, together with other members of his family, have undertaken to bear the cost of the erection of one of the houses of the eighth block of the hospital, at a cost of about £1700. One house only now remains to complete the entire design of the hospital, which embraces sixteen semi-detached houses, and will provide accommodation for upwards of 100 patients.

THE dense fog experienced in London in the early part of last week materially increased the rate of mortality. Its influence on persons suffering from diseases of the respiratory organs was shown by the number of deaths last week referable to such causes—764 as compared with 560 in the previous week. During the same period there were 133 deaths from measles, 22 from scarlet fever, and 42 from whooping-cough.

WE regret to learn, on going to press, of the death of Mr. Thomas Turner, F.R.C.S., of Manchester. Mr. Turner was the founder of the first provincial school of medicine in the kingdom, and bore a high name in the profession. We shall next week publish his obituary.

DR. CORNER'S report of the health of Mile-end, just issued, proves that a high birth-rate, and an exceptionally low death-rate, prevailed in the district during the past year. On the subject of infantile mortality he suggests that the death register of children of five years of age and under should be kept separate from that of adults; and makes some sound observations on a matter deserving the attention of all sanitarians—viz., the practice of utilising rubbish from dust-bins, often saturated with fever poison, in the construction of dwelling-houses.

THE "American University of Philadelphia" has fallen on evil times. The institution, which has been so lavish in granting diplomas—for a consideration—has now been served by the State Supreme Court with a writ of *quo warranto* returnable at the next session of the Court in Philadelphia. Some startling revelations are anticipated by the *New York Times*, which will effectually "wind up" the business of the University.

DR. CONWAY EVANS, medical officer of health for the Strand district, in his last report, calls attention to the diminution observable in the number of successfully vaccinated children, which, he states, amounts to little more than a third of the total birth-rate. In the same report Dr. Evans recommends the establishment of district slaughterhouses, under the control of the local authorities, throughout the metropolis.

As evidence of the beneficial working of the Adulteration Act in St. Pancras, it is sufficient to point to a late report of Dr. Stevenson, the food analyst for the district. Out of 120 samples of food examined by him during the past three months, he found none so bad as to warrant him in advising the authorities to prosecute.

IT will be satisfactory to any of our readers who purpose visiting Brighton this season to learn that the pleasant town on the sea has lately been almost free from zymotic disease. In the poorer and more squalid portions of the town, however, there is some amount of infantile diarrhœa.

WE understand it is intended by the War Office to build a large military hospital in Portobello Barracks, Dublin, early next year, as a branch of the General Hospital in the Phœnix-park, for the reception of patients from regiments stationed on the south and east of that city.

DR. DE RENZY, Sanitary Commissioner for the Punjaub, reports the extremely unhealthy state of Delhi and neighbouring towns. In other parts of the province, however, there is now noticed an improvement in the public health.

HIS Royal Highness the Prince of Wales, with his usual thoughtfulness for the suffering poor, has sent presents of game to several of the metropolitan hospitals.

WE regret to announce the death of Mr. Wm. Augustus Hillman, F.R.C.S., late Surgeon to the Westminster Hospital, at the age of fifty-four.

BY the will of the late Mr. Grindlay, of Edinburgh, a sum of about £40,000 will be handed over to the Royal Infirmary of that town.

THIRTEEN deaths from yellow fever occurred on board the mail steamer *Ambris* during her voyage from the West Coast of Africa to the Mersey.

SURGEON N. WADE, who left in the *Himalaya* for the Gold Coast, has been invalided at Madeira.

# REPORT OF The Lancet Sanitary Commission ON THE ROYAL ALBERT ORPHAN ASYLUM,

COLLINGWOOD COURT, NEAR BAGSHOT.

THE supporters of the system of canvassing for and trafficking in votes, which is permitted and even encouraged by so many of our larger charities, allege in its defence that, whatever may be its theoretical defects, it is practically necessary for the support of the institutions, and so produces in the main more good than harm. With the view of testing the value of this argument, we have thought it desirable to inquire into the working of one of the few independent and unendowed charities in which the system is neither permitted nor tolerated. The results of this inquiry we now lay before our readers.

The Royal Albert Orphan Asylum was instituted in 1864, "for the rescue and Christian education of thoroughly destitute children." It stands on one of the high sand-ridges on the outskirts of Bagshot-heath, one mile from the village of Bagshot, four and a half miles from Farnborough, and about thirty from London. The committee purchased for £8000 the freehold of a large and newly-erected house and about 200 acres of sandy heath-land; and a good deal more money was of course spent on the adaptation and extension of the premises, and particularly on the erection of a handsome hall, the foundation stone of which was laid by the Queen in 1867. About 200 children, rather more than half of them boys, are fed, clothed, and educated in the building. They are eligible for admission from six years of age to twelve; the boys leave at fourteen, the girls at fifteen, and no difficulty is experienced in finding suitable situations for them.

The sanitary conditions of the establishment naturally attracted our first attention, and in almost every particular we found them excellent. The situation is magnificent. Hills of sand and porous gravel undulate for miles around. The building itself stands on a bed of sand some 800 feet deep, and its windows command a view as extensive as it is beautiful. No better play-ground could be devised than the rough heath which surrounds it, and there is superabundant space for cricket and all other out-door games. Inside the building the earth-closet system is exclusively employed, and it is unnecessary to say that it works admirably; the dry and sandy soil is, indeed, particularly well adapted for it. The water-supply is, unfortunately, very limited, though excellent as to quality. A well 750 feet in depth has been sunk at a great expense, and the water is pumped from it by horse power, but, unfortunately the bed of water lies a little lower. Fifty feet more of depth and the supply would have been inexhaustible; but the well cannot be deepened, and the committee are compelled to wait until new funds shall enable them to sink a new well. Meantime they eke out their supply by large underground tanks for rain-water, and by careful management. Some one who wants to find a good investment for his money will surely help them out of the difficulty before long.

The commissariat department, although administered from necessity with rigid economy, is administered wisely and liberally. Butchers' meat has become too expensive a luxury, but Australian beef and mutton, purchased direct from the docks and of excellent quality, take its place most successfully. The cooking of the preserved provisions is varied as much as possible, and the children enjoy and thrive upon them, as is proved by their thoroughly healthy appearance and tremendous appetites. Pigs, reared upon the estate, likewise contribute materially to the *menu*.

The medical superintendence of the asylum is entrusted to Mr. Augustin B. Fry, of York Town, who visits it three times a week, and to whose courtesy we are indebted for much valuable information and assistance. After what has been said, it will easily be imagined that his duties are light. During the six years in which he has been the medical officer he has kept careful records of the cases he has treated. He has furnished us with a copy of these records, and we find from an examination of them that only four deaths have occurred in the whole time. Each of these was from phthisis, and the subject in each case was a child who had brought with it the seeds of the disease. In 1868 an outbreak of scarlatina took place, and about twenty cases appeared almost simultaneously. Vigorous action was at once taken by Mr. Fry, and he was fortunate enough, not only to prevent the spread of the disease, but to save every one of the children attacked.

It is clear from all this that it would hardly be possible to find a healthier establishment. The children frequently arrive in a terribly low state of health, but unless they bring a phthisical taint with them, in which case the place is probably too bleak for them, they fill out and gain strength with wonderful rapidity. Nearly all whom we saw looked pictures of health.

The management of the asylum is entrusted to Mr. Ayres, who is thoroughly master of every detail, and is evidently just the man for such a charge. A portion of each day, and until a certain proficiency is attained a very considerable portion, is devoted to primary education. The rest is divided between play and the systematic teaching of some trade, which shall arm the pupils for their future battle of life. The girls learn to be good, practical cooks, housemaids, and laundresses, to make their own clothes, and mend those of the boys. They go systematically through these various phases of domestic life, and at last are taught to wait properly at table. Some of the boys are taught tailoring and some shoe-making, and it is extremely amusing to stand in one of the shops and watch the "young idea" as, with solemn and anxious countenance, he fixes somewhat uneven stitches in his first piece of shoe-leather. All the clothing, both of boys and girls, is made in the building, with great advantage it may well be supposed in point of economy.

Other boys work on the farm and in the garden, each of which has attained a success which deserves a word of notice. Some fifty acres are under cultivation, six of them being laid out as kitchen garden. The soil was originally utterly barren, but by the continued application to it of the earth from the closets, it has been improved until it now supplies all the garden and farm produce, except corn, required in the establishment. No manure except that produced on the spot is employed, so that the results obtained furnish a powerful argument in favour of the earth-system. On the other hand, however, the strong ammoniacal smell in the building in which the earth is collected after use, supplies a confirmation of the well-known fact that the process is attended with a great loss of ammonia.

A band of twenty wind instruments has been established in the asylum. The boys learn quickly, play, as we can testify, in good time and tune, and enjoy the music thoroughly.

Space precludes us from entering into further details with regard to this very interesting establishment. After a careful inspection, we found almost nothing to criticise. The ventilation of the dormitories might, we think, be improved with little trouble, and that and the defective water-supply, which unfortunately cannot for the present be helped, are the only sanitary points which occurred to us as unsatisfactory. We dislike the plan of naming the children by numbers, greatly preferring "Smith A" and "Smith B" to "Number 27" and "Number 28"; but this is perhaps a mere prejudice, and, whether or not, the matter is a trifle.

The machinery by which this excellent charity is supported and applied seems to us as good as everything else about it. The asylum is entirely supported by voluntary contributions. Each subscriber of 10s. 6d. has the privilege of nominating one orphan, who, however, has no chance of election unless his case is really a suitable one and can bear the rigid investigation which the committee bring to bear on it. Every exertion is made to secure the election of the most destitute, whether on their first application or not. Not only is canvassing prohibited, but the name of any

child whose friends have attempted to influence the election in this way is at once removed from the list. Before an election, a paper containing a list of the approved candidates and a minute description of their qualifications for the charity, is sent to each subscriber, who is requested to study it and write his name against those cases which he thinks most suitable, ignoring other considerations, and taking care not to exceed the number of vacancies. In this manner the most destitute must and do get elected, and we understand that it is often possible, by examining the list, to predict which candidate will head the poll. The names of all subscribers are published in a book, *but not their addresses.*

With regard to that great essential, finance, we find from the published balance-sheet that in 1872 the actual income from all sources, including the balance from 1871, was £5684 18*s.* To this must be added £415 11*s.* 8*d.* borrowed from the bankers and treasurer, making £6100 9*s.* 8*d.* received in the year. Of this, £2771 2*s.* 4*d* was spent on the maintenance and education of the children, outfits on leaving, and insurance; £574 7*s.* went for interest on a mortgage and a loan from the bankers; £341 1*s.* 10*d.* for building, repairs, and furniture; £596 16*s.* 4*d.* for sundry old accounts; and £500 for the repayment of a previous loan from the bankers. The remaining sum of £1317 2*s.* 2*d.* was absorbed by the expenses of the city office, salaries of secretary, clerks, collector, &c., advertisements, the printing and distribution of special appeals, reports, voting papers, &c., and the other expenses always unfortunately unavoidable in a charity which, so to speak, gets its own living. Undue economy in these items would be sure to result in a serious falling off in an income which is already insufficient. Altogether the balance-sheet appears to us to be highly satisfactory. The expenses of all kinds are at the rate of £28 per child per annum, the cost of maintenance and education is less than £17, and the cost of food less than £9 per child.

Few indeed are the charities which could show such figures, and we believe that they only require to be known to raise the Royal Albert Orphan Asylum to a high position in public favour.

We cordially trust that this Christmas may see it relieved from its burthen of debt, and so freed for further labours of usefulness.

## ROYAL COLLEGE OF PHYSICIANS.

A MEETING of the Royal College of Physicians was held on Saturday last, when some matters of importance came up for discussion.

In the first instance a communication was read from the University of Toronto, in reference to the recognition of its Matriculation examination by the College as a satisfactory preliminary qualification in medical students. It appears that the University some time since requested the various English examining bodies to recognise its Matriculation examination in the usual manner, but the College deferred the matter, pending the settlement of the Conjoint Scheme for an examining board for England. It was stated by the Registrar that the desired recognition was already given by the College of Surgeons of England, and Dr. Hawkins further pointed out that similar action had been taken on the part of the Medical Council, whereupon the College agreed to the proposition of the Registrar that a regulation should be framed and brought before the College at its next meeting, affiliating the University of Toronto to the College in the manner and degree requested by its authorities.

A communication was next read from the Committee of Reference of the Conjoint Examining Board, stating that, in accordance with the terms of the original scheme, four of the representatives had been chosen by lot to retire, and requesting the College to elect some one to fill the vacancy left by the retirement of Dr. West, who, however, was eligible for re-election. The four retiring members were Dr. Paget, Dr. G. Y. Heath, Dr. West, and Mr. Quain. The two former had been re-elected, Mr. Erichsen had been chosen by the College of Surgeons in place of Mr. Quain. The College, at a later stage of the meeting, re-elected Dr. West unanimously.

A letter was read from the President of the British Pharmaceutical Conference in reference to unusual doses in prescriptions, and containing a request that the College would approve of certain suggested safeguards against future accidents—viz., that the prescriber should attach his initials in brackets to the prescriptions immediately after each unusual dose prescribed; that the full name and address of the prescriber should be given, to facilitate intercommunication between the prescriber and the chemist; and, lastly, that the chemist should be empowered to retain all prescriptions containing unusual doses. The matter was left for future consideration.

A communication from the Society of Arts relative to the Swiney Prize was read. Mr. Swiney was an eccentric old gentleman who left by his will certain curious directions as to his burial, and a sum of money with which to buy a silver goblet to be filled with one hundred sovereigns, to be awarded as a prize for the best essay on "Jurisprudence" every five years—alternately medical and general jurisprudence. The next award is to be made in January, 1874, and the Council of the Society of Arts request that six members of the College may be appointed to meet an equal number of the Council of the Society to settle the award, which this time falls to the lawyers. The Council of the Society of Arts also intimated their desire to place the bequest upon a more useful basis, and the fact of their having communicated with the Charity Commissioners, who will approve any suitable scheme which may be devised, and they invite the College to consider what changes should be made in the matter. They expressed their opinion that a prize of £40 a year could be offered to law students in jurisprudence. On the motion of the President, he himself, the Treasurer, the Registrar, the Senior Censor, the representative of the College in the General Medical Council, and Dr. Munk were appointed a committee to confer with the Society of Arts on the subject.

Dr. Anstie then gave notice of motion for the next meeting—viz., to move the College to petition the Prime Minister to find a remedy for the excessive and increasing overcrowding in certain parts of London in distinct violation of sanitary laws. Dr. Anstie pointed out that this evil state of things had been specially aggravated by the multiplication of railways and the great demand for space for public buildings, which had led to the wholesale demolition of houses tenanted by the working class and lower orders, without any equivalent having been provided in the shape of fresh and suitable tenements. In fact, poor people had been transported from one to another locality already overcrowded. His reason for asking the College to take action in the matter was, that the Charity Organisation Society had formed a Committee of Investigation, and this committee had made a valuable and startling report, showing that a very bad state of things existed in some parts of London, and had suggested that somebody, such as one representing the Corporation of London and the Board of Trade, should be empowered to oversee transactions in regard to extensive demolitions. Reference was made to the case of the Holborn Viaduct as illustrating the existing evils, and especially the fact that in the present state of things the law was evaded; for it had been provided by the Legislature that the Corporation of London should rebuild certain houses on the waste land within five years, and yet nothing had been done as yet towards the carrying out of this provision.

A discussion then arose in reference to the publication of a new edition of the College Roll, and the much-needed repair of the College exterior; and these were referred to the Council for its consideration.

The Treasurer placed in the room a rather good portrait which he had obtained of Sir Francis Prujean, admitted to the College as a licentiate in 1621. He was chosen president in 1650-53; and, in 1664, as Dr. Munk tells us, Harvey was elected president, but, excusing himself on account of age and infirmities, Sir Francis was, on his advice, elected a fifth time. He was a man of much repute. Pepys says of him that he acquired great honour by his attendance on Catherine, the queen of Charles II., in a severe attack of spotted fever; and that her Majesty's recovery was universally ascribed to a cordial prescribed by him at a critical moment, "which in her despair did give her rest, and brought her some hopes of recovery." He possessed the Magdalen of Caracci.

# Correspondence.

"Audi alteram partem."

## PROFESSIONAL REMUNERATION.

*To the Editor of* THE LANCET.

SIR,—I observe in the last number of THE LANCET a more prominent notice given in your Medical Annotations to certain charges brought in a previous number by Mr. William Swain, of Devonport, against the physicians of Plymouth of "lowering the whole scale of professional remuneration of the neighbourhood by giving as many as four or even five visits for the single guinea fee," and you are induced to believe that because one physician only has written to deny the imputation, therefore the charge is founded on fact. Now, there are six gentlemen here, at least, practising as physicians, and it seems rather hard that each of us, besides the consulting surgeons, whom you include, should be obliged to occupy our time and your valuable space in writing to deny, as I now am obliged to do most unqualifiedly for myself, that the imputation does not apply to me. I did not write before, feeling guiltless in the matter and presuming that it was of no interest to your readers in other parts of the country what fees I expect, practising in these remote regions. It so happens that, so far as my own practice is concerned, I have endeavoured to raise instead of lowering the scale, and for some time past, with new patients, to break through the traditional three-visit plan when seeing patients alone (which has been handed down to us by our predecessors, and which Dr. Clay has referred to as the custom), when they live near one's house. But it seems to me that your columns might be overwhelmed with letters from different parts of the country by gentlemen who think they have grievances; and each man must deny for himself, until, *per viam exclusionis*, the offending one is marked out; then it is just possible that physicians might have something to say about general practitioners. If Mr. Swain had any grievance of the kind above alluded to, he could have called on any person or persons by whom he thought the general rate of professional remuneration here was being injuriously affected for an explanation, and if that proved unavailing, there are medical societies here in which the question could have been discussed by those who know the district and its capabilities, the distances, hereditary professional customs of the locality, and so forth; but as he has chosen another course, and you appear to imply that silence will implicate any one of us, I am compelled to trouble you with this letter.—I am, Sir, yours faithfully,

CHARLES R. PRANCE, M.D., M.R.C.P.L.

Princes-square, Plymouth, Dec. 16th, 1873.

## DENGUE FEVER.

*To the Editor of* THE LANCET.

SIR,—To the difficulty of obtaining access to the Indian medical journals is probably due the erroneous statement, as reported in your issue of the 13th December, made by the president of the Epidemiological Society that from 1824 to 1870 dengue was unseen east of the Cape of Good Hope.

During this interval several epidemics had occurred in India, and I mention the following:—In 1825, at Berhampore, described by Dr. J. Mouat in the Transactions of the Medical and Physical Society of Calcutta, vol. ii.; in 1836, at Calcutta, described by Dr. Walter Raleigh in the *Indian Journal of Medical and Physical Science*, vol i.; in 1844, at Calcutta, described by Dr. Henry Goodeve, in the Transactions of the Med. and Phy. Soc. of Calcutta, vol. ix.; in 1853, again at Calcutta, described by Dr. Edward Goodeve in the Indian Annals of Medical Science, No. I. In this account Dr. Goodeve states that he had witnessed an analogous epidemic in Cawnpore in 1847. In an article entitled "Epidemics of the Bengal and North-Western Presidencies," in No. III. of the same journal Dr. Kenneth MacKinnon states that the disease was common in Calcutta in 1854. There are other accounts to be met with in Indian medical journals, but as there is a conflict of opinion as to the nature of the disease, I do not refer to them. I have been given to understand that prior to 1871-72, the year of the last great epidemic of dengue, isolated instances of the disease had been met with almost every year at Calcutta.

I am, Sir, yours truly,

R. T. LYONS,
Surgeon-Major, Bengal Army.

Paris, 13th December, 1873.

## PAUPER LUNATICS IN WORKHOUSES.

*To the Editor of* THE LANCET.

SIR,—The following passage occurs under the above heading, in your paper of the 6th inst.:—"Mr. Eager had a more serious complaint to make, out of which, indeed, the whole question arose: that an alleged lunatic, to whose lunacy he had certified, had been refused admission to Brookwood Asylum. He has repeated his certification, and if any harm arises he will be blameless."

Allow me to state that the patient in question was brought here for admission on Oct. 2nd, and could not be admitted owing to want of room, three males from a similar cause having been refused admission on the previous day. The members of the House Committee were sitting at the time, and I took the opportunity of bringing the case under their notice. They examined the patient, and came to the conclusion that, independently of the refusal to admit for want of room, the case being one of quiet and harmless senile dementia (age of patient seventy-two) might be as well treated at home, or in the workhouse. The patient was brought to the asylum again on November 11th, and, as there were then several vacancies, he was at once admitted. I am therefore unable to perceive that, as far as this asylum is concerned, Mr. Eager has any reasonable grounds for complaint.—I am, Sir, your obedient servant,

T. N. BRUSHFIELD, M.D.,
Medical Superintendent.

Brookwood Asylum, Dec. 16th, 1873.

## QUERY FOR HEALTH OFFICERS.

*To the Editor of* THE LANCET.

SIR,—There is a row of cottages adjoining three meadows. Now, a farmer spread a large quantity of night-soil or human excreta over those fields without any admixture of soil. The effluvium arising is of course very annoying, but soon passes off. The inhabitants of the cottages want me to sign a certificate to the effect that such is injurious to health. Will you kindly inform me whether I can conscientiously do so?—I am, Sir, yours truly,

M.D.

December, 1873.

*** We have little doubt that our correspondent may properly sign the certificate to which he refers. That the fetid effluvia from human excrement may under certain conditions, of which states of temperature are the most obvious, become detrimental to health, particularly as productive of diarrhœal disease, is, we think, one of the most certain results of English experience. The apparently antagonistic results of experience in China and elsewhere would most probably vanish if the facts could be subjected to observation of the kind which is practicable here. From the passing of the Local Government Act, 1858, to the present time, English sanitary work has proceeded upon the assumption of the injuriousness of the effluvia from human excrement. In the bye-laws framed under that Act, as to the cleansing of privies, ashpits, and cesspools (sec. 32), as originally suggested by the Home Office, there is the following provision:—"No person shall empty, or assist in emptying, any privy, watercloset, cesspool, or similar receptacle of offensive matter, within the district without the use of such deodorisers and the employment of such other means of preventing disagreeable or hurtful effects therefrom as shall be directed by the local board or any of their authorised officers." This provision is incorporated in the bye-laws framed for the same purpose under the authority of the Local Government Board. Now, these bye-laws are within the competence equally of rural and sanitary authorities, and the principle of the provision quoted should

guide all sanitary authorities in dealing with the contents of privies and cesspools. If it be requisite to adopt deodorisation in removing human excrement from the places in which it is deposited, in order to avoid nuisance, all the more is it requisite that the excrement should be deodorised before it is distributed on land in the vicinity of houses. This, we believe, can be done without detriment to its value as a manure. Such deodorisation may, without any serious injury or impediment to agricultural work, justly be required by sanitary authorities, and it would be well that every sanitary authority should avail itself of the power it possesses of making the bye-laws that would enable it to direct the necessary deodorisation. The case of a field manured as described by our correspondent would not improbably come under the definition of a nuisance — "any premises in such a state as to be a nuisance or injurious to health." ("Nuisances Removal Act," 1855, sec. 8.) But we question whether a lawyer would advise proceedings in abatement under the Act that contains this definition. Before the case could be dealt with the nuisance would be at an end. The proper course to take, we should suppose, would be the one we have suggested — namely, to secure such ordinary practice in dealing with the contents of privies and cesspools by the sanitary authorities, that the occurrence of such a nuisance as the one described would be impossible.—ED. L.

## NEWCASTLE-ON-TYNE.

*(From our own Correspondent.)*

THE death-rate for some time prevailing in Newcastle is occupying the attention of all classes here. Mr. Oliver, an architect, has lately read a good and suggestive paper on the subject. He is under the impression that the permanent conditions of life and health in Newcastle are unfavourable to the prolongation of life, for he says that, "climatically, geologically, and chemically, we are placed perhaps to the greatest disadvantage for the prolongation of life of any district in which is centred so large a town." He referred to our liability to be visited by fierce storms, and sudden climatic changes, while the mineral wealth of the neighbourhood created manufactures which in their influence, climatically and otherwise, were inimical to longevity; and no doubt there is much weight to be attached to these aspects of the question.

The same subject occupied again the attention of our Medical Society last night. There was a large attendance, and Dr. Ralfe, of London, took part in the discussion, and, having been introduced by the President (Dr. Philipson) as a sanitarian, received a hearty welcome. The Society presented a report "On the Causes of the High Death-rate in Newcastle," prepared by a committee appointed to inquire into the subject; but as the document has to be presented to our town authorities in the first instance, I refrain at present from any comments on it.

At the same meeting Drs. Arnison, Heath, and Byron Bramwell exhibited specimens. Dr. Heath presented a patient from whom he had removed a polypus by a conservative operation on the upper jaw. Mr. Mordy Douglas, of Sunderland, showed a patient, a sea-captain, whose entire tongue had been removed for cancer by the galvanic écraseur. This interesting case excited much attention. Mr. Douglas stated that he had performed the operation under chloroform, and, owing to an accident, the operation occupied about thirty minutes. He only lost a few drops of blood, and made a good recovery. The facility of speech possessed by the man was surprising. Mr. Douglas was warmly congratulated upon the success of his operation.

A public meeting was held here yesterday, having the object of perpetuating the memory of the late Mr. Albany Hancock, by the institution of a Professorship of Natural History in connexion with our College of Physical Science. Mr. Hancock was highly respected as a citizen here, while his fame as a naturalist and comparative anatomist was more than European. His great work, jointly with Mr. Alder, "British Nudibranchiate Mollusca," need only be mentioned. Mr. Hancock was much associated with our townsman, the late Mr. Joshua Alder, in many of his scientific investigations, therefore it was firstly proposed to establish a "Hancock and Alder Professorship." This would require about £5000 or £6000, and there is no doubt that the sum will be forthcoming; about £800 was subscribed on the spot. It speaks well for the love of science and liberality of our people when it is remembered, as was mentioned at this meeting, that a sum equal altogether to about £60,000 has been contributed here for objects in connexion with science.

A case of alcoholic poisoning occurred the other day at Gateshead, worthy of notice here in a medico-legal point of view, and having a bearing on the new licensing regulations, showing that men now sometimes get drunk quicker than under the old system. The patient, a young man, was carried by two police officers and two civilians, before midnight, into the Gateshead police-office. He was quite insensible. Dr. Banning was sent for, and paid him every attention, visiting him during the night. In the morning the man was sent to the Union Workhouse Hospital, and was attended to by Dr. Cook, who for some time had little hopes of his recovery, as he was completely paralysed and comatose. Ultimately, however, he did recover, and told Dr. Cook the following facts, which may be relied upon, as they were afterwards sworn to in evidence, and the publican was severely and justly fined. It appears that at twenty minutes to eleven he went into the public-house, and was challenged to a drinking match against the closing time by a companion, and it is certain that he drank nine and a half glasses of whisky in about ten minutes without any water. His defeated companion was apparently not such a pig, as he vomited after the fifth glass.

Newcastle-on-Tyne, December 12th, 1873.

# Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen were admitted Fellows of the College on Dec. 13th:—

Cameron, John, M.D. Glasg., Rodney-street, Liverpool.
Turnbull, James Muter, M.D. Edin., Rodney-street, Liverpool.

On the same day the following gentlemen were admitted Licentiates of the College:—

Appleyard, John, Harrington-street.
Bennett, William Henry, Sloane-street.
Birch, Robert, King's College Hospital.
Colgate, Henry, Albert-street.
Davies, Henry Naunton, Cymer, Pontypridd.
Ellis, Herbert Mackay, Chudleigh, Devonshire.
Hale, Charles Douglas Bowditch, Westbourne-park-road.
Johnson, John James, Newcastle-on-Tyne.
Nicholson, Arthur, King's College Hospital.
Paul, Frank Thomas, Guy's Hospital.
Pilkington, Wm. Binns, Crawshawbooth, Rawtenstall, Manchester.
Skerritt, Edward Markham, University College Hospital.
Stericker, William, Victoria-park Hospital.
Syme, William Holland, Kensington-road.
Thomas, George Tucker, Ampton-place.
Wilkins, James Sutherland, Guy's Hospital.

UNIVERSITY OF LONDON.—The following is a list of the candidates who have passed the recent B.S. examination for Honours:—

FIRST CLASS.
Colgate, Henry, University College. (Gold Medal.)

SECOND CLASS.
Skerritt, Edward Markham, B.A., University College.
Lucas, Richard Clement, Guy's Hospital.

THIRD CLASS.
Barlow, Thomas, B.Sc., University College.
Rayne, Charles Alfred, University College.

DUBLIN PATHOLOGICAL SOCIETY.—On the 29th ult., the following gentlemen were elected office-bearers for the ensuing year:—President: Robert D. Lyons. Council: John T. Banks, Arthur Wynne Foot, Samuel Gordon, Thomas Hayden, Henry H. Head, James Little, William Moore, J. M. Purser, William Stokes, T. Jolliffe Tufnell, and James H. Wharton. Honorary Secretary: William Stokes, jun. Secretary and Treasurer: Edward H. Bennett. Secretary for Foreign Correspondence: Robert McDonnell.

VACCINATION AWARDS.—R. Pringle, L.R.C.P.E., &c., has received from the Local Government Board a gratuity for the efficient state of the vaccinations in the Osmotherley District of the Northallerton Union. Mr. G. F. Pritchard, L.R.C.P.I., of Teynham, Kent, has for the third time received an award of £14 6s.

## THE PUBLIC HEALTH ACT, 1872.

[In the following list the letters "P.S.D." signify Port Sanitary District, "R.S.D." Rural Sanitary District, and "U.S.D." Urban Sanitary District.]

| *Districts, and Medical Officers.* | *Salary per ann.* | *Area in Acres.* | *Population.* |
|---|---|---|---|
| Aberayron, R.S.D.—viz.: | | | |
| Llansantffraid Division.—Mr. E. Williams ... | £11 5s. | 30323 | 7068 |
| Llandisilio „ Dr. Thos. Evans ... | £10 | 31697 | 6473 |
| Ashborne, U.S.D.—Mr. John H. Casson ... ... | £10 | — | — |
| Barrow-on-Soar, R.S.D.—viz.: | | | |
| Barrow Division.—Mr. Patrick Downey ... | £20 | 10320 | 4036 |
| Belgrave „ Dr. Henry Nuttall ... ... | £20 | 8015 | 3670 |
| Quorndon „ Mr. Charles W. Wood ... | £20 | 10678 | 2141 |
| Rothley „ Mr. William Paulson ... | £20 | 4015 | 3402 |
| Lyston „ Mr. William C. Dalley ... | £20 | 13245 | 4364 |
| Belford, R.S.D.—Dr. Lewis G. Broadbent ... ... | £50 | 12727 | 2700 |
| Berwick-upon-Tweed, U.S.D.—Mr. R. C. Fluker | £60 | 8766 | 13198 |
| Bideford, Dulverton, Okehampton, South Molton, Torrington, R.S.D.s—Mr. A. W. Blyth ... | £350 | 460083 | 67805 |
| Castle Ward, R.S.D., Ponteland Division.—Mr. David Bathune ... ... ... ... ... | £31 | 89018 | 5102 |
| Charlton Kings, U.S.D.—Dr. Thomas Wright ... | £40 | 3120 | 3680 |
| Chepping Wycombe, U.S.D.—Dr. E. M. Bowstead | £25 | 120 | 4811 |
| Clayton West, U.S.D.—Mr. John S. Brookfield... | ... | 1080 | 1531 |
| Cosford, R.S.D.—viz.: | | | |
| Bildeston Division.—Mr. John L. Gronoe ... | | | |
| Boxford „ Mr. Charles P. Mann ... | | | |
| Lavenham „ Dr. William M. White... | £100 | 48054 | 61393 |
| Hadleigh „ Mr. Henry Newman ... | | | |
| „ Mr. John T. Muriel ... | | | |
| Cottingham, U.S.D.—Mr. Richard W. Cooper ... | £10 | 10000 | 4000 |
| Cuckfield, Eastbourne, East Grinstead, Hailsham, Newhaven, Ticehurst, Uckfield, R.S.D.s—Dr. E. F. Fussell . | £800 | 367898 | 105867 |
| Cuckfield, Eastbourne, Lindfield, St. Wilfreds, U.S.D.s | | | |
| Dulverton, R.S.D. — combined with Bideford R.S.D. and others. | | | |
| Eastbourne, R.S.D. } combined with Cuckfield | | | |
| Eastbourne, U.S.D. } R.S.D. and others. | | | |
| East Grinstead, R.S.D.—combined with Cuckfield R.S.D. and others. | | | |
| Gainsborough, R.S.D.—Mr. Robert Eminson ... | £150 | 102450 | 19503 |
| Ganthwaite and Ingbirchworth, U.S.D. — Mr. John S. Brookfield ... ... ... ... ... | ... | 1900 | 386 |
| Hailsham, R.S.D. — combined with Cuckfield R.S.D. and others. | | | |
| Haltwhistle, R.S.D.—Dr. Maclaren (of Hexham) | £50 | 80992 | 6987 |
| Hartismere, R.S.D.—viz.: | | | |
| Botesdale Division—Dr. Arthur Pearse... ... | £26 16s. 4d. | 11007 | 3632 |
| Eye „ Mr. Edgar G. Barnes ... | £21 19s. 2d. | 11546 | 3189 |
| Gislingham „ Mr. Samuel G. Downing.. | £19 10s. 3d. | 8652 | 2779 |
| Mendlesham „ Mr. Wm. Cuthbert... ... | £29 3s. 6d. | 15935 | 4207 |
| Rishangles „ Mr. Thomas Radford ... | £2 10s. 9d. | 1546 | 349 |
| Hayle, P.S.D. } Hayle, U.S.D. } Mr. James Mudge ... ... ... | £21 1s. | 250 | 2500 |
| Kingsclere, R.S.D.—viz.: | | | |
| Kingsclere Division—Mr. Geo. P. Richards ... | £25 | 24510 | 5420 |
| Highclere „ Dr. Geo. L. Thomson ... | £15 | 19491 | 3152 |
| Lindfield, U.S.D. — combined with Cuckfield R.S.D. and others. | | | |
| Llanrwst, R.S.D.—Mr. Owen Evans ... ... ... | £25 | 91037 | 13028 |
| Midhurst, R.S.D.—viz.: | | | |
| Fernhurst Division—Dr. Alexander Yule ... | £20 | 12845 | 2119 |
| Midhurst „ Dr. John Robinson ... | £13 | 15542 | 4570 |
| Tillington „ Mr. Wm. Morris ... ... | £15 | 10231 | 2188 |
| Rogate „ Mr. Collins Curtis ... | £21 | 17737 | 2969 |
| Milland „ Dr. Alexander Yule ... | £10 | 7773 | 1209 |
| Mildenhall, R.S.D.—viz.: | | | |
| Lakenheath Division—Mr. Alfred C. Mayo ... | £35 | 40129 | 5086 |
| Worlington „ Mr. Pelham Aldrich... | £25 | 23500 | 4136 |
| Newhaven, P.S.D.—Mr. Thomas M. Cann ... ... | £10 | — | — |
| Newhaven, R.S.D. — combined with Cuckfield R.S.D. and others. | | | |
| Okehampton, R.S.D.—combined with Bideford R.S.D. and others. | | | |
| Orsett, R.S.D.—viz.: | | | |
| Orsett—Mr. Rea Corbet ... ... ... ... ... | £32 10s. | 12885 | 3451 |
| Stanford-le-Hope—Mr. Arthur W. Mercer ... | £32 10s. | 13036 | 2372 |
| Grays—Mr. Alfred T. Roworth... ... ... ... | £17 10s. | 6543 | 4042 |
| South Ockendon—Mr. Robert B. Jordison ... | £16 | 4540 | 1597 |
| Aveley—Mr. Charles G. Bott ... ... ... ... | £12 10s. | 4407 | 1183 |
| Orsett Hamlet—Mr. Arthur Clarke... ... ... | £1 11s. 6d. | — | — |
| Penistone, R.S.D.—viz.: | | | |
| Division No. 1—Mr. George F. Leigh ... ... | — | 7350 | 936 |
| „ „ 2—Mr. John S. Brookfield... ... | — | 740 | 230 |
| „ „ 3—Mr. Charles O. Rowley ... ... | £35 | 6770 | 4507 |
| Penistone, U.S.D.—Mr. George F. Leigh ... ... | — | 1050 | 1557 |
| Plympton St. Mary, R.S.D.—viz.: | | | |
| Division No. 1.—Mr. Richard Ellery ... ... | £20 | 18340 | 5100 |
| „ No. 2.—Dr. W. Marshall Holmes ... | £10 1s. 6d. | 19260 | 3261 |
| „ No. 3.—Mr. Edwin C. Langford ... | £22 10s. | 14720 | 6617 |
| „ No. 4.—Mr. Joshua S. Adkins... ... | £22 10s. | 15850 | 3901 |
| „ No. 5.—Mr. Philip W. Govett ... ... | £15 | 5630 | 3753 |
| Ramsbottom, U.S.D.—Mr. James Smith ... ... | £50 | 290 | 4205 |
| Reeth, R.S.D.—viz.: | | | |
| Reeth Division.—Mr. Abraham B. Kernot ... | £25 | 29409 | 3569 |
| Muker Division.—Mr. Henry Towle ... ... | £15 | 43368 | 2017 |
| Rothbury, R.S.D.—Mr. Robert Vardy ... ... | £25 | 163616 | 7093 |
| St. Germans, R.S.D.—viz.: | | | |
| Division No. 1.—Mr. Robert W. P. Kerswill... | Nos. fixed | 12279 | 3236 |
| „ No. 2.—Mr. Charles W. Chubb ... | | 3323 | 3854 |
| „ No. 3. { Mr. Edwin J. Worth ... ... | | 4365 | 5089 |
| { Mr. Alexander B. Cheves ... | | | |
| „ No. 4.—Mr. William Littleton... ... | | 10208 | 4877 |
| „ No. 5.—Mr. John Kempthorne ... | | 11816 | 1962 |
| St. Wilfrids, U.S.D. — combined with Cuckfield R.S.D. and others. | | | |
| Shaftesbury, R.S.D.—viz.: | | | |
| Fontmell Division—Mr. Edwin Wykes ... ... | £17 10s. | 14458 | 3236 |
| Shaftesbury „ Mr. Adam Wilkinson ... | £12 10s. | 7693 | 2564 |
| Gillingham „ Mr. Theophilus Woods... | £17 10s. | 13406 | 4800 |
| South Molton, R.S.D.—combined with Bideford R.S.D. and others. | | | |
| South Shields, R.S.D.—Mr. John Grant ... ... | £25 | 11000 | 6734 |
| Swadlincote, U.S.D.—Dr. Christopher Hall ... | £12 10s. | — | — |
| Tadcaster, R.S.D.—viz.: | | | |
| Division No. 1.—Mr. John E. Ellerton ... ... | £22 | 19365 | 5920 |
| „ No. 2.—Mr. George Ellerton ... ... | £17 | 10630 | 5552 |
| „ No. 3.—Mr. Thomas Scott ... ... | £21 | 20783 | 6058 |
| „ No. 4.—Mr. Thomas B. Ireland ... | £20 | 17654 | 4340 |
| Ticehurst, R.S.D. — combined with Cuckfield R.S.D. and others. | | | |
| Thurlstone, U.S.D.—Mr. George F. Leigh ... ... | — | 2740 | 2630 |
| Torrington, R.S.D. — combined with Bideford R.S.D. and others. | | | |
| Uckfield, R.S.D.—combined with Cuckfield R.S.D. and others. | | | |
| Wellington, Salop, R.S.D.—Mr. John C. Burchell | £30 | 34318 | 25187 |
| Wells, R.S.D.—Dr. Thomas Purnell ... ... ... | £225 | 54616 | 11971 |
| Woburn, R.S.D.—Dr. Charles E. Prior... ... ... | £70 | 29600 | 11800 |

## Medical Appointments.

DAVIES, T., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Creuddyn District of the Conway Union, vice Williams, resigned.

FOTHERBY, H. I., M.D., M.R.C.P.L., has been appointed Physician to the Social Union Friendly Society, Duke-street, Aldgate.

HOARE, W. P., F.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Crayford, vice Grantham, deceased.

KITTSON, E. J., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Surgeon to the Tipperary County Gaol, Nenagh, vice Frith, deceased.

LAKIN, C., L.R.C.P., L.M., L.S.A., has been appointed Medical Officer to the Templars' and General Life Assurance and Sick Benefit Friendly Society at Leicester.

LOWE, J., M.B., C.M., Assistant Medical Officer, South Yorkshire Asylum, Wadsley, near Sheffield, has been appointed Pathologist and Assistant Medical Officer to the West Riding Asylum, Wakefield.

MANBURY, A. V., M.D., M.C., M.R.C.S.E., L.S.A., has been appointed House-Surgeon to St. Thomas's Hospital.

NETHERCLIFT, W. H., M.R.C.S., L.S.A., late Assistant-Surgeon in H.M.'s Convict Service, &c., has been appointed Resident Medical Officer of the New Chelsea Workhouse Infirmary.

ORCHARD, J. S., M.B., M.C., has been appointed Assistant Medical Officer (Resident) to the Salford Union Hospital, vice T. N. Orchard, M.B., C.M., resigned.

ORCHARD, T. N., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Townships of Pendleton, Pendlebury, and Broughton of the Salford Union, vice R. N. Ingle, M.D., F.R.C.S.E., resigned.

PARSONS, W. A., M.R.C.S.E., has been appointed Medical Officer for the Tanworth District of the Solihull Union, Warwickshire.

SINCLAIR, G. M., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for District No. 6 and the Workhouse of the Ely Union, vice Muriel, deceased.

VORDON, H. W., M.R.C.S.E., L.S.A., has been appointed House-Surgeon to St. Thomas's Hospital.

WATTIE, C. L., M.D., C.M., has been appointed Assistant House-Surgeon to the Metropolitan Free Hospital, Devonshire-square.

WIGNER, Mr. G. W., has been appointed Public Analyst for Woolwich: £50 per annum, and 2s. 6d. to 10s. per analysis.

## Births, Marriages, and Deaths.

### BIRTHS.

BROWNE.—On the 11th inst., at Dublin, the wife of Surgeon-Major James Browne, M.D., F.R.C.S.I., H.M.'s Bengal Army, of a son.

HARLEY.—On the 14th inst., at Upper Berkeley-street, the wife of John Harley, M.D., of a daughter.

MATHESON.—On the 3rd inst., at Soho-square, the wife of Dr. F. Mac Kenzie Matheson, of a son.

OWEN.—On the 11th inst., at Kent Lodge, Southsea, Hants, the wife of Alfred Lloyd Owen, B.A., M.B., of a son.

TEEVAN.—On the 16th inst., at Portman-square, the wife of W. F. Teevan, B.A., F.R.C.S., of a daughter.

WATERS.—On the 11th inst., at Bloomsbury-square, the wife of John Waters, M.R.C.S.E., of a son.

## MARRIAGES.

MANSON—MACSWINEY.—On the 6th inst., at Holy Trinity, Chesterfield, David Manson, M.D., to Mary Louisa, daughter of James Joseph MacSwiney, Esq.

PATON—ALEXANDER.—On the 11th inst., at Elmbank-place, Glasgow, John Wilson Paton, M.D., of Rock-ferry, Cheshire, son of Robert Paton, Esq., of Ayr, to Janet Ann, daughter of John Alexander, Esq.

## DEATHS.

BASAN.—On the 9th inst., Horace Basan, L.R.C.P.Ed., of Welbeck-street, aged 40.

BROWNE.—On the 12th inst., at Dublin, James Graves, infant son of Surg.-Major James Browne, M.D., H.M.'s Bengal Army.

BURT.—On the 14th inst., at Wood-green, Geo. Burt, F.R.C.S.E., formerly of Ely-place, aged 85.

EDMONDSON.—On the 29th ult., James Edmondson, M.R.C.S.E., of Wandsworth-road.

FERGUSON.—On the 5th inst., D. M. Ferguson, M.D., of George's-place, Dublin, formerly of Enfield, Co. Meath.

FITZPATRICK.—On the 30th ult., James Fitzpatrick, Surgeon, of Wood-street, Northampton, aged 63.

HILLMAN.—On the 11th inst., Wm. A. Hillman, F.R.C.S.E., of Argyll-street, Regent-street, aged 54.

SKAIFE.—On the 12th inst., at Easingwold, Yorks, Dr. John Skaife, late of Northampton-square, London, second son of the late E. T. Skaife, Surgeon, of Easingwold, aged 40.

TURNER.—On the 17th inst., at Mosley-street, Manchester, Thomas Turner, F.R.C.S.E., in his 81st year.

# Notes, Short Comments, and Answers to Correspondents.

*Holborn Hill.*—1. A medical man is not bound to see the club doctor before attending a club patient; but if the club patient is attended by the doctor of the club, it is his duty before calling in another adviser to give the club doctor due intimation of his intention.—2. Etiquette is the same in club as in private practice.—3. Yes; but club patients must be allowed the liberty of having another doctor if they think fit.

*Amultos*, (Maldon.)—THE LANCET is not addressed *virginibus puerisque*.

### HEALTH OFFICERS.

*To the Editor of* THE LANCET.

SIR,—I live in a little village containing 1000 inhabitants. It is a pretty and a dirty village. It was never laid out and planned and built; it simply "growed." The tares sprang up among the corn, and the cottage wells and cesspools gradually flourished side by side. Dwelling-houses sprang up around small farm-yards, which only betrayed their existence by peculiar pungent odours arising from uncarted manure and rotting farm refuse, festering in the dirty farm-yard. A slaughter-house modestly concealed itself in the centre of the townlet, and the effluvia from animal decomposition successfully competed with those arising from vegetable decay. Here and there drains were formed, and by degrees they established some sort of connexion with each other; and then people grew very fond of their sanitary arrangements, and rested very thankfully. Sewage and surface water still drained away unnoticed into wells in many places, or found a passage in little rivulets to the ditches surrounding the village outskirts, and there evaporated into black slimy pools—aye, lent additional force to the impure breath of the slaughter-house and farm-yards; but our feelings were blunted, and nobody complained. I think I ought to say nobody dared to complain. If anyone in our village tells on anybody else, somebody else is sure to punch the talebearer's head, and my own head would not be safe if I dated this letter aright. But supposing I wished to complain, to whom should I cry? There is no one here with an official nose to investigate my grievance. There is a Board of Guardians seven miles off, and that Board employ a most worthy man, trained to agricultural pursuits, to investigate sanitary defects over a large district, at a salary which must make it a most inconvenient matter for him to be frequently called upon to give a scientific opinion on matters of which he can know very little indeed; the origin of fever has so little to do with the rotation of crops, and the causes of cholera have nothing in common with researches among turnips. I preferred to wait until my Board had been forced to appoint a sanitary medical officer; and what have my Board done?

> They palter with us in a double sense;
> They keep the word of promise to our ear,
> And break it to our hope.

The Board have appointed several sanitary officers. Every union medical officer is a sanitary officer, *without salary*, and *only entitled to receive a fee when called upon to exercise his scientific knowledge by the sanitary inspector, or by the Board when moved by that official*. I think there is something wrong about this. I don't like to see the cart running away with the horse. I object to the boatswain walking up to the captain, and telling him to fire a broadside. I shudder at the thought of a sergeant-major directing the colonel to order the regiment to fix bayonets, and I do not see why a sanitary inspector should call upon a medical officer to interfere in sanitary matters. I should like to see the inspector take the doctor's orders instead To tell a medical man he is to receive a *fee when called upon* is to tell him to stop away until he *is* called upon. It is telling the Government that disease should be left alone until it is too late to combat it, and that sanitary precautions are not worth a rush. Will you tell my Board that it would be wiser, cheaper, better, to trust the union doctors; to pay them a salary, however small; and encourage them to speak out when silence is a crime. My Board, it appears to me, would rather, under all circumstances, employ a gag.

Yours truly,
Sweet Briar End, England, December, 1873. NEMO.

### ROME.

DELIGHTFUL weather and satisfactory public health returns ought to attract more visitors to Rome than at present appear to have arrived. Perhaps the chief deterrent is Sindaco Pianciani's chlorine vapour-bath at the station in the Piazza di Termini. If so, we can assure the hesitating tourist that the dreaded ordeal is at an end. He may now "breathe freely," Sindaco Pianciani having abandoned a prophylactic as unpleasant as it was useless.

*A Married Surgeon-Major's* communication shall have our attention.

### "A STRANGE STORY."

*To the Editor of* THE LANCET.

SIR,—While referring in THE LANCET of 1831-2, my eyes were suddenly arrested by a letter which will, doubtless, clear up any uncertainty that may still exist about the truth of the above. This letter, which I append, appeared in THE LANCET, vol. i., 1831-2, page 441, and was afterwards corroborated by a letter from a clergyman (*vide* THE LANCET, vol. ii., 1831-2, page 20).

I am, Sir, yours faithfully,
London, December 12th, 1873. F. W. R.

### "EXTRAORDINARY CIRCUMSTANCE."

*"To the Editor of* THE LANCET.

"SIR,—As your pages are frequently devoted to the communication of interesting subjects, not exclusively connected with physiology, I should feel obliged by your insertion of the following well-authenticated narrative, which, if it cannot be satisfactorily explained, may serve as a caution against rash vows, and that impious dissatisfaction which some express at the providential dispensations of that God who governs all events with unerring wisdom.

"The wife of a Mr. Higgins, a farmer, of Battonsborough, near Glastonbury, Somerset, having brought him three daughters in succession, and no son, he was so disconcerted at the repeated disappointment that he vowed, should his next child be a daughter, he would never speak to her. On the approach of his wife's fourth confinement he repeated this vow. To his great joy his wife gave birth to a son, and nothing occurred to lessen his satisfaction until the child began to speak. To his astonishment and distress he then found that, while the boy would readily address his mother and sisters and, indeed, any female, nothing could induce him to utter a word to his father or any male person. This singularity continued during the whole of his father's life (30 years); entreaties, threats, or promises were of no avail, and the unhappy man frequently bewailed, with tears, the distressing consequences of his rash vow.

"On the death of Mr. Higgins, which happened about two months since, the young man, to the astonishment of all who knew him, began to speak fluently to males as well as females, although for 30 years previously he had never been heard to utter a word to any one of the former sex. Mr. Higgins had no other son; he is in good health, and is ready, as are his mother and sisters, and many other respectable persons, to attest the truth of this narrative.

I am, Sir, your obedient servant,
"Warminster, Dec. 9th, 1831." "JOHN HOARE, M.R.C.S., &c.

### THE CLIMATE OF SINGAPORE.

A CORRESPONDENT is desirous of obtaining some information as to the suitability of the climate of Singapore for a consumptive case.

*Dr. C. M.* (Norwich) should apply to the Secretary of the Institution.

### SUBCUTANEOUS INJECTION OF MORPHIA.

*To the Editor of* THE LANCET.

SIR,—In the various formulæ which I have hitherto seen, the fact that solid dissolved in a given quantity of fluid increases the volume of that fluid has been entirely overlooked: *e. g.*, one drachm of morphia dissolved will increase the volume of that solution nearly one drachm, so that each drop of Mr. Vachell's proposed solution would contain the one-thirteenth instead of the one-twelfth of a grain. The difference might not be very appreciable; but if we are to have a standard form it is as well to be exact. Having had to inject morphia in large doses, I have made my solution as follows:—Acetate of morphia, one scruple; distilled water, 140 minims; acetic acid, B.P., five minims: dissolve by a gentle heat in a test-tube. This solution measures exactly 160 minims; consequently eight minims would contain one grain of acetate of morphia. As a standard solution, I would suggest one *one-half* the strength of the above.

I cannot agree with Mr. Buée that the solution of morphia B.P. is at all suitable for hypodermic injection; moreover, I should be at a loss to know where a suitable syringe that would hold a drachm and a half of fluid could be obtained.

I have observed that the slightest excess of acid beyond that required for the solution of the morphia causes more pain; so also does rapid injection. I have further observed that vomiting is more likely to occur when unnecessary pain is inflicted. The time employed in injecting properly a large dose of morphia with the B.P. solution would probably be tedious to the patient, and could not be well spared by the busy practitioner.

Yours obediently,
Park-terrace, Regent's-park, Dec. 1873. E. WHITE, L.R.C.P. Ed.

*To the Editor of* THE LANCET.

SIR,—A very convenient solution of morphia for subcutaneous injection is as follows:—Acetate of morphia, twenty grains; acetic acid, q. s.; distilled water to fourteen drachms. This was first recommended by Dr. Mackintosh, of the Perth District Asylum, some years ago, and I have used it repeatedly here, in doses varying from five to sixteen minims, without ever causing local irritation or inconvenience in any way. The ordinary B.P. preparation of the acetate of morphia I regard as unsuited for subcutaneous injection, on account of the large quantity required, and the greater amount of pain thereby inflicted on the patient; for I have often noticed that it is not the puncture of the skin by the needle which is most painful, but the tension caused by the introduction of the fluid into the subcutaneous cellular tissue—tension which would be very much increased by injecting from a drachm to a drachm and a half of liquid, as recommended by Mr. Buée.

I am, Sir, yours truly,
G. H. MACKENZIE, M.B., Edin.
Fife and Kinross District Lunatic Asylum,
Cupar, N.B., December, 1873.

PRINT IN BIN

HEALTH OFFICERS AND "QUARTERLY RETURNS."

*Mr. J. G. West's* correspondence with the Registrar-General is too far out of date for present use. Upon the general question of the returns now asked for from medical officers of health we shall take an early opportunity of expressing our opinion.

*Sir Dominic Corrigan.*—Received with thanks.

*A Provincial Surgeon.*—Apply to Siebe and West, Mason-street, Lambeth.

MEDICAL WOMEN.

*To the Editor of* THE LANCET.

SIR,—In your journal of the 22nd ult. a letter was published under the above heading, written by a medical man, an avowed opponent of the movement. As the writer declares that his chief object in writing is to draw your attention to the medical school at Zurich, and the doings of the female students there, and as, nevertheless, all that has been written of late years respecting the said female students by competent observers is completely ignored by him, I trust you will allow me to supply your readers with the missing links in the chain of evidence for and against the ladies studying at Zurich.

The evidence most accessible to English readers is contained in a long letter to the *Scotsman*, June 27th, 1873, from the pen of one of the most eminent Zurich professors. This letter is too long to be given in full; but I may perhaps be allowed to quote the two concluding paragraphs. They are as follows:—

"The reception which the Russian ukase met with here, and especially in University circles, is this, that we see some elements departing without regret; but we generally pity the large number of honourable and estimable persons into whose plans and existence a rough hand has struck so regardlessly without there having been any occasion given for it on their part. On the other hand, we do not understand what the Russian Government properly wants. Does it intend to annihilate a political spirit disagreeable to it? The spirit goes along with the persons, and is not bound to the place, and those who have displeasing opinions have brought them with them from Russia; they have not gained them here. Does it intend to explode the colony of refugees here? Why, then, does it call back politically indifferent women, and leave here the male refugee element?

"For the question of the studies of women this affair is rather favourable, however its adversaries may rejoice at it. The whole affair has nothing at all to do with the question of female students, but is merely a violent political demonstration on the part of the Russian Government, and the result of it, as regards the question of the study of females, at least in this place, has been only this, that people declare themselves more generally and more freely than hitherto in favour of estimable and earnest persons pursuing their studies."

I may add that the University of Zurich has protested in a body against the Russian ukase as unjust and uncalled for in its sweeping condemnation of Russian "women students," the great majority of whom, to use the words of the eminent professor above quoted, "belong to the most diligent, talented, and efficient pupils of the institution in general."

Two pamphlets published last year, "Das Studieren der Frauen mit besonderer Rücksicht auf das Studium der Medicin," by Professor Böhmert, and "Das Frauenstudium und die Interessen der Hochschule Zürich," by Professor Hermann, may with advantage be consulted by all who wish to form an opinion, *based on facts*, as to the working of the Zurich experiment, for as such the University has always considered the admission of women students. Readers of French, and not of German, will find a translation of Professor Böhmert's pamphlet in the March and April numbers of the "Avenir des Femmes."

I would willingly quote from Professor Böhmert's pamphlet some of the utterances of favourably disposed teachers at the University of Zurich, did I not fear that my letter would become too long for insertion. The following testimony, as being that of an intelligent fair-minded observer, may perhaps be thought weighty enough to counterbalance the hasty assertion of the *Pall Mall* correspondent, that *the behaviour of all women students was abominable*. Professor Hermann, the lecturer on Physiology at Zurich, writes: "The experiment at the University of Zurich has so far [this, be it remembered, was written in 1872] been carried out with propriety and dignity by all concerned in it. The women studying here have, without exception, behaved well; many have gained by their industry and energy the respect of their teachers and fellow-students, even of those who, like myself, do not sympathise with the movement."

I have in my possession the letters and pamphlets above mentioned, and shall be glad to give anyone who may desire more ample information on the subject of the Zurich female students the means of acquiring it.

I am, Sir, yours faithfully,
FRANCES E. MORGAN, M.D. of Zurich.
Granville-place, Portman-square, Dec. 3rd, 1873.

*Dr. P. R. Hughes*, (Cork.)—Thanks, but we are already provided in this respect. Would our correspondent wish to undertake the work for a private individual? If so, we will bear his offer in mind.

*Mr. Charteris.*—Yes.

*E. L. H.*, (Dublin.)—Consult a medical man.

*Dr. Geo. Thompson.*—Very soon. We shall be glad to have the report.

THE paper of *Mr. Law* (Chorlton) shall receive attention.

REMARKABLE MORTALITY AMONGST CATTLE.

*To the Editor of* THE LANCET.

SIR,—Under the above heading there appeared in your issue of Sept. 20th last a letter signed "A Sufferer." As the writer asked for information on the subject of splenic apoplexy, and expressed himself ready to aid in any investigation of the subject, I can inform him that, although I do not lay claim to come up to his standard of "a competent gentleman," I would be very glad to make some inquiries of him as to the mode in which he has observed horses to be affected by splenic apoplexy; and if he will furnish me with his name and address, I will forward him a copy of a report on cattle and mule disease recently made by Dr. J. Sealy and myself, who were by the Local Government appointed Commissioners to investigate the causes and mode of treatment of an unusual mortality of the cattle and mules of this island, Barbadoes. Yours truly,

Bridgetown, Barbadoes, Nov. 29th, 1873. W. C. PIGGOTT, M.D.

*An Old Subscriber.*—Some lectures on the subject by Dr. Russell Reynolds appeared in the volumes of THE LANCET for 1870. These lectures are now published in a separate form by Messrs. Churchill. Dr. Herbert Tibbits' work (same publishers) may also be consulted with advantage.

*Dr. Willis.*—The tract shall receive attention.

VACCINATION IN THE PROVINCES.

*To the Editor of* THE LANCET.

SIR,—Your correspondent, Dr. Deane, appears to think that it would be advisable in country districts to revert to the old plan of weekly vaccinations. A two-years' experience of the working of the "six-monthly periods" leads me decidedly to an opposite conclusion. Under the old plan I found it impossible, with the most careful management, to secure satisfactory arm-to-arm vaccination. Now that difficulty, so far as my district is concerned, appears to be completely overcome, except in the cases of the first children vaccinated at each "six-monthly period," who are necessarily done from preserved lymph. In my vaccination district the number of children to be operated on yearly averages about 100. Under the old system there were two stations—a principal one at my house, and another at a village two miles distant; the former open on one day in every week, and the latter on one day in every week in four months in each year. Thus, if mothers could have been induced to bring their children in methodical order, the attendances must have averaged less than two per week. To attain this method also each mother would have been tied down to one particular day, instead of, as now, having a choice of four days in one month. Practically, in the year 1870, on 20 vaccinating days no children were brought, and on 16 days only one. In 1871, on 18 days none were brought, and on 15 only one. It does not appear that the mothers of this neighbourhood find the new system more irksome than the old one. On the contrary, our vaccination officer informs me that every child three months old and upwards born in the whole union (of which the area is 45,764 acres, and the population 9129, and for which there are four public vaccinators) in the year ending 30th April, 1873, has been returned as vaccinated, or as unfit for vaccination, and that in spite of a rabid anti-vaccination pamphlet written and widely circulated by a clergyman in the neighbourhood. Of the great importance of arm-to-arm vaccination, about which, as you justly say, there is "very little, if any, professional difference of opinion," I am thoroughly convinced. In the last four years I have had 11 unsuccessful cases. The lymph used in 10 of these had been preserved in tubes. The only unsuccessful case I have had during that time, where fresh lymph was used, was a peculiar one, and the failure can scarcely be attributed to the mode of vaccination. One arm was scarified in four places, and there was no sign of its "taking." A fortnight after the other arm was similarly treated. The four new places and one of the old ones then formed perfect vesicles, and advanced together to maturity.

I must apologise for taking up so much of your space; but I believe the present system to be so vastly superior to the former that I should be extremely sorry to see any move made in a retrograde direction.

Petersfield, Dec. 9th, 1873. THOMAS MOORE, F.R.C.S. (Exam.)

THE communication of *Deputy Inspector-General Dr. Cameron* has been received with thanks. We regret that it would be impossible to find room for the insertion of the proposed regulations for enlistment; but the subject is under consideration.

DERANGED AUDITORY FUNCTION.

*To the Editor of* THE LANCET.

SIR,—I shall feel greatly obliged if any of your subscribers will advise me on the treatment of the following case.

A plate-layer, aged thirty-two, as he says, "caught cold working in a tunnel" about a year ago. From that time he has had a continuous buzzing in his ears, but is perfectly well in every other respect. He has consulted several other medical men without benefit, and has now come to me. I gave him muriate of iron internally, and directed him to syringe his ears two or three times a day with warm water; this to be followed each time with an injection consisting of glycerine and spirit of wine; but no good has resulted. The man is getting sadly disheartened.—Yours faithfully,

December, 1873. MALLEUS.

AN INCURABLE CASE.

*Mr. H. Fly Smith* (Haverstock-hill) recommends "Medicus" (Torquay) to make inquiry at the Deaconesses' Institution, Burton-crescent, W.C.

*B.*'s letter shall be attended to.

THE communication of *Dr. McKeown* (Belfast) shall have our immediate attention.

THE MEDICAL CLUB.

*To the Editor of* THE LANCET.

SIR,—I quite agree with "Hemel Hempstead" in his remarks about the Medical Club, and believe that had not the subscriptions of the original members been raised some time ago, many of them (who, like myself, were thus driven out) would never have thought of seceding. The Club consequently has had a fuller roll of members, and, as a matter of course, has been in a more flourishing and independent condition.

I am, Sir, yours, &c.,

December 15th, 1873. ONE OF THE ORIGINAL TOWN MEMBERS.

*Enquirer.*—The account of the post-mortem is very vague and unsatisfactory. We cannot explain the connexion of the diseases mentioned, which was probably imaginary.

THE ALBION LIFE OFFICE.

*To the Editor of* THE LANCET.

SIR,—On referring to the Medical Directory for 1871, I find, as you say, a blank under "medical officer" to the "Albion." The explanation is this: On the death of Mr. Dow, the former medical officer, I at once filled his place, and did his work, but was not regularly and formally appointed as his successor until last May. The Albion, however, has never for a day been without a regularly qualified and *paid* medical adviser.

I am, Sir, yours truly,

Trinity-square, S.E., Dec. 16th, 1873. D. HOOPER, B.A., M.B. Lond.

T IN BINDING

*Mr. Thos. Somerville Smith*, (Sittingbourne.)—1. We think our correspondent might consult Dr. Roberts's work on Diseases of the Urinary Organs with advantage. — 2. We are unable to say where the samples could be procured.

*Dr. Arthur* (Brighton) should put his question to the proper military authorities. We are unable to answer it.

*Medicus.*—The person in question is unknown to the Medical Directory and to us, and is, doubtless, a quack of the low order.

*Enquirer*, (Edinburgh.)—Consult the work by Dr. Hassall, and Dr. Parkes's book on Practical Hygiene.

*W. W.*—The coroner for Middlesex pays witnesses an extra fee in adjourned cases. So should all coroners.

*Mr. G. D. Harding.*—We fear that our correspondent is not entitled to a fee as an expert. He was summoned as an ordinary witness.

*Mr. Oliver*, (Newcastle.)—The subject shall have our attention.

### UNUSUAL PRESCRIPTIONS.

*To the Editor of* THE LANCET.

SIR,—It is with pleasure I observe the effort you make to bring the subject of unusual doses under the notice of the College of Physicians. As it is one of considerable interest to the physician, general practitioner, and dispensing chemist, permit me to suggest a method of emphasising such prescriptions in a manner hitherto unnoticed, and which I think is preferable to that suggested by the Pharmaceutical Conference. Let the quantity of the poisonous drug to be dispensed be signified by the usual symbol, and let it be written legibly, without abbreviation, either in English or Latin, and underlined thus:—

℞ Liq. morph. acet., 3ii.
(two drachms.)

Aq. ad 3iss. ft. haust., &c.

This method would ensure the prescription being dispensed correctly, and would indicate to the chemist that it had been deliberately written by the prescriber, and that he wished to administer the unusual dose he prescribed.

Yours truly,

London, December, 1873. PROCTOR JONES.

*Dr. S. M. MacGurney.*—The objection is not supported by experience. The prominence given to hospitals and other medical charities leads to more attention to their claims.

*Liverpudlian.*—We find it difficult to discover anything professional in such schemes.

*M.R.C.S.L.*—The College cannot confer the title of M.D. Such a power resides only in Universities.

*Inquirer.*—He is not entitled to style himself "doctor."

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson, London; Prof. Axel Key, Stockholm; Dr. Harley, London; Dr. Balfour, Edinburgh; Dr. Barnes, London; Dr. Murchison, London; Mr. Lawson; Dr. Tilt, London; Mr. Pridgin Teale, Leeds; Mr. Ellis, Newcastle; Mr. R. T. Lyons, Paris; Dr. M'Crea, Dublin; Mr. A. J. Harvey, London; Mr. Nelson, Birmingham; Mr. Thomson, Oldham; Mr. R. Crawford, Birmingham; Mr. Andrews, St. Albans; Mr. Green, Rochford; Mr. Colman, Devizes; Mr. E. J. Thompson; Mr. Stannard, York; Dr. Fox, Chelmsford; Mr. Orfield, Downham; Mr. H. P. Wharton, Chester; Mr. Charles, Blackburn; Mr. Loomes, Kingston; Mr. Hine, Winchester; Mr. Clayton, Dartmouth; Mr. Jones, Harwich; Mr. Graham, Coleford; Mr. Morrison, Stafford; Mr. Jeffs, Gateshead; Mr. Hartley, Penrith; Mr. Cousins, Leigh; Messrs. Nussey and Pilling, Leeds; Mr. Hampton, Yarmouth; Mr. Black, Edinburgh; Mr. Wilson, Shrewsbury; Mr. Wooding; Mr. Bowern, Tunbridge; Mr. Taylor, Bocking; Mr. Rawlings, Hartlepool; Dr. Muirhead, Edinburgh; Mr. Davies, Ipswich; Dr. Cassell, Glasgow; Mr. Williams; Dr. J. C. Cameron, London; Mr. E. White, London; Mr. Evans, Sutton; Dr. Charteris, Glasgow; Mr. Mackenzie, Cupar; Mr. Wharton, Dalston; Mr. Groves, Faircroft; Messrs. Williams and Norgate; Dr. G. M. Beard, New York; Mr. Ingram, London; Mr. R. Renton, Oldham; Mr. J. Lang, Woodbridge; Mr. T. Jeffs, London; Mr. Feldmann, London; Mr. James, Truro; Mr. Law, Manchester; Mr. Tobin, London; Mr. Wood, Dudley; Mr. Kendall, Poole; Mr. Maynard, Cork; Mr. Romer, Dundee; Mr. Olding, Waltham; Mr. Wallace, Glasgow; Mr. Graham, Keighley; Mrs. de Bunsen, London; Dr. Browne, Dublin; Dr. Ross, Waterfoot; Mr. Lowe, Wadsley; Mr. South, Frome; Mr. Wallis, Lynn; Mr. W. Warne, Malton; Mr. Hore, Liverpool; Mr. Horling, Coventry; Dr. France, Plymouth; Mr. Moore; Dr. Brushfield, Brookwood; Mr. Jeaffreson, Newcastle; Mr. Watkinson; Mr. T. C. Smith, Green Street; Mr. Brown, Walton; Mr. Lake, Ealing; Dr. M'Swiney, Dublin; Mr. Orchard, Salford; Mr. Price, Glangwilly; Mr. E. Goodeve, Drinagh; Dr. M'Keown, Belfast; Mr. Grey, Manchester; Dr. Maybury, London; Dr. Willis, Barnes; Mr. Poole, London; Mr. Tily, Richmond; Mr. D. Hooper, London; Mr. Carr, London; Mr. Oliver, Newcastle; Mr. Lakin, Leicester; Mr. Cory, Manchester; Nemo; Folkestone; Spero; B.; Justitia; Inquirer; The Resident Medical Officer; Querist; A Parish Doctor; Medicus, H.; Colon; M.D.; Holborn Hill; M.R.C.S.L.; The Registrar of the College of Physicians, London; An Old Subscriber; A Married Deputy Surgeon-Major; W. W.; A Constant Reader; M.B.; One of the Original Town Members; F. W. E.; &c. &c.

*Birmingham Morning News, North Wales Chronicle, Oswestry Advertiser, Overland Commercial Gazette, Dublin Journal of Mental Science, Edinburgh Daily Review, Altrincham Guardian, Bridport News, Civilian, Monthly Review of Dental Surgery*, and *Richmond Times* have been received.

## METEOROLOGICAL READINGS

*(Taken by Steward's Instruments).*

THE LANCET OFFICE, DEC. 18TH, 1873.

| Date. | Barometer reduced to Sea Level, and 32° F. | Direction of Wind. | Wet Bulb. | Dry Bulb | Solar Radia. in Vacuo | Max. Temp. Shade | Min. Temp. | Rainfall. | Remarks at 8 A.M. |
|---|---|---|---|---|---|---|---|---|---|
| Dec. 12 | 30·64 | E. | 36 | 38 | ... | 41 | 27 | ... | Foggy |
| „ 13 | 30·63 | S.S.W | 37 | 38 | ... | 40 | 36 | ... | Foggy |
| „ 15 | 30·27 | N.W. | 38 | 39 | ... | ... | 34 | ... | Overcast |
| „ 16 | 29·88 | W.N.W | 52 | 55 | ... | 71 | 38 | ... | Overcast |
| „ 17 | 30·16 | N.W. | 50 | 51 | ... | 58 | 44 | ... | Fine |
| „ 18 | 30·19 | W. | 49 | 50 | ... | ... | 49 | ... | ... |

# Medical Diary of the Week.

### Monday, Dec. 22.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations on the Eye, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 3 P.M.
MEDICAL SOCIETY OF LONDON. — 8 P.M. Dr. Farquharson, "On Cases of Infectious Tonsillitis."—Dr. Pearson: "An Epidemic of Sore-throat, with marked Constitutional Symptoms" (communicated by Dr. Farquharson).—Dr. Dowse, "On Cerebro-Spinal Meningitis, with Clinical Records."—Mr. Nelson Hardy: A Specimen (living) of Persistent Papillary Membrane.

### Tuesday, Dec. 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

### Wednesday, Dec. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

### Thursday, Dec. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

### Friday, Dec. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB. — 8 P.M. No Meeting.

### Saturday, Dec. 27.

HOSPITAL FOR WOMEN Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — Prof. Tyndall, "On the Motion and Sensation of Sound." (Juvenile Lectures.)


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